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EDITED BY J. ADAMS ALLEN, M.D., LL.D.; AND WALTER HAY, M.D.

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Original Communications.

ARTICLE I.—*Idiopathic Gangræna Genitalia in Infancy.* By JONATHAN W. BROOKS, M.D., Chicago.

The first case of this formidable disease which came under the observation of the writer, was that of L. H., on Sept. 10th, 1838, in a consultation with the late Prof. Worthington Hooker, of New Haven, Ct., and the late Joseph Peabody, M.D., of Buffalo, N. Y. Both gentlemen, at the time named, were residents of Norwich, Conn.

Prof. H. gave us the following history of the case: L. H., aged two years and one month, has been perfectly healthy up to eight days since, when her mother's attention was attracted by her languor, listlessness, want of appetite, haggard looks, and intense thirst. She was pale, and perspired very freely at night. On the 7th of Sept., the mother noticed that there was constant pruritus of the vulva and that she cried bitterly whenever she urinated, and directed the Prof.'s attention thereto. (Hitherto he had regarded the case as one simply of disordered digestion.) On examination, he found the greater labia swollen, spongy to the touch, of a shiny, leaden hue, with watery vesicles dotted here and there over the

internal and external surfaces. On the morning of the 9th, he found her crying out with pain in the parts, and some of the vesicles were ruptured and a dark-colored, offensive fluid exuding therefrom; he also found that night quite an intense fever. He applied a yeast poultice, with finely levigated charcoal intermingled, to the parts, gave bark and wine freely with opiates, hoping to find the little innocent's sufferings assuaged thereby; but, on the contrary, everything was intensified the next morning, and Dr. P. and myself were invited to a consultation at 6 A. M., which was the 10th of September. We found her in intense agony (and that hardly expresses her sufferings), with a pallid, contracted countenance, dry skin, rapid and feeble pulse, sleepless, and desiring to micturate every ten minutes, at each effort she screamed with pain. Several ash-colored spots had appeared, viz., one on the perinæum, one near the fourchette within the vulva, one near the clitoris, and two or three near the nymphæ. The whole external genitalia, the perinæum and anal region were swollen and spongy. It was difficult to touch the inner surface of the labia externa or the nymphæ without a bloody ichor issuing from the part touched. An offensive odor exhaled from the parts. The alvine dejections were not unnatural in appearance, but caused great suffering during their passage. The following was agreed on as the treatment to be pursued: Tinct. Ferri Chloridi, eight drops every four hours; one grain of Quinine in brandy every eight hours; and one and one-half grains Pulv. Doveri *pro re nata*, with a liberal allowance of milk punch, animal broths, etc. And a lotion of Tinct. Ferri Chloridi, ʒss. to ʒj. aqua destillat. 11th, found her much as on the 10th, and the treatment was continued.

The 12th, at our consultation, the sufferings were materially less. but the fetor was intolerable. There was a constant ichorous dirty flow from the vagina, and gangrene was advancing rapidly. With little change she went steadily downward for forty hours, and her sufferings were terminated in a protracted convulsion. At the autopsy, twenty-four hours after death, we found all of the genital organs, three-fourths of the neck of the bladder, and one-third of the lower portion of the rectum and anus, destroyed by gangrene, and both pubic bones much damaged. There was about two ounces of pale urine in the bladder. No blood coagula were

found in any part of the body. Nothing else was found that seemed unhealthy; and the examination was very thorough.

On the 28th of the same month Prof. H. was called to see J. H., in the same family, a little boy fourteen months older than L., and brother. Had never been ill from birth, but remarkable for vigor and activity up to ten hours preceding this, when his mother's attention was attracted by his feeble, listless, languid ways and haggard looks. A slight diarrhœa developed during the next three hours, but never became very troublesome. He commenced with Tinct. Ferri Chloridi, eight drops every five hours, bark and wine freely as he could take it. Milk punch *ad libitum*. That night he sweat profusely; after that, each evening there was a harsh dry skin, attended with fever; the urine was scanty, not high colored; the pulse rapid, not full. There was a shrunken, pale state of the surface, without sensible change until the third of October, when he began to complain during micturition. Prof. H. saw him immediately, and Dr. P. and the writer within three hours. At this time the left lateral half of the penis, scrotum and adjacent skin were of a deep, shiny, leaden hue. He was constantly disposed to scratch the parts. We advised a continuance of the tonics; and opiates *pro re nata;* also—

℞. Hydrochloric Acid dilut., - - - - ℥ j.
Aq. distillat., - - - - - - - ℥ ij.
M.

To be used constantly as a lotion to the parts, and to add one or two or even three drams of the acid to the water if it did not cause pain, which was done. This treatment was continued for six days with slight variations, and disease seemed to be held at bay and J. improving. At the close of the sixth day, without apparent cause he manifested much increase of pain in urinating and defecating, and in two hours after the opposite side became involved. In a few hours vesicles appeared on the part, and a universal gangrenous condition of the genital organs rapidly followed. As lotions, Hydrochloric, Sulphuric and Acetic Acids in their turns were used, diluted more or less with water, also Liquor Soda Chlor., also tonics of varied kinds, Chlorate of Potass., etc. The treatment at times seemed to hold the disease in check, yet after three weeks of the most intense suffering, he also passed away in a convulsion.

The autopsy, sixteen hours after death, revealed nothing more than in the case of his sister. The entire genitalia and also a large part of the pubic bones were destroyed.

Was requested to meet Dr. T., an old and highly esteemed practitioner, Sept. 15th, 1849, in the same neighborhood hurriedly to see an infant girl, sixteen months old. This case was a repetition of No. 1, and died on the eighteenth; had never been sick before, nor did a post obiit examination give any further light on the disease.

On Sept. 15th, 1853, was solicited to meet, in consultation, Dr. Connor, of Cincinnati, O., and Dr. Mount, of Cumminsville, in a consultation relating to the case of J. P., a little girl residing near Carthage, Ohio, twenty-three months old. Dr. Mount, the attending physician, reported as follows: The child has had perfect health until the 8th of September; on that day she was noticed as unusually dull, languid and feeble, without appetite, and sweating freely at night, which continued until the 12th, when he found her feverish, skin pale and generally contracted. Having regarded it as possibly a masked intermittent, he had given alterative doses of mercurials and from two to three grains of Quinine daily. During the 13th there was great apparent pruritus of the genitals. He directed a lotion of Carb. Soda in water. On the 14th she was evidently worse. On the 15th we found her feeble, haggard, crying out with pain, pulse one hundred and fifty and feeble, countenance hippocratic, the external genitals swollen, dark, shiny, spongy to the touch, and an offensive, dark, serous fluid flowing from the vagina.

The treatment adopted at this time was Tinct. Ferri Chloridi, ten drops every four hours, Sulph. Quinine, milk punch made with brandy *ad libitum*, and any nutriment else that the stomach would tolerate, also a lotion of equal parts of Sulphuric Acid and water. Treatment, however, was of no avail, and she died in a convulsion on the 17th. An autopsy revealed the parts in much the same condition as the first case related. In forty hours from death the whole body was very putrid.

Within the last month the writer has been in attendance on a similar case. The history, so far, may thus be summed up: M. N., aged two years and three months, never had been ill till September 14th from her birth, then her mother noticed her

as tired and feeble, looking dull, but did not give much attention to it until the 21st, when with pruritus vulva she also cried out with pain in urinating. On the 22nd the writer saw her for the first time. She had a rapid, irritable pulse, some fever at night, thirst urgent, the genitals swollen, of a leaden hue, with four or five small vesicles on different parts. Directed a diet of milk punch exclusively.

℞. Hyd. Cum Creta, - - - - - - - grs. vj.
Pulv. Rhei, - - - - - - - - - grs. iss.
Pulv. Doveri, - - - - - - - - - grs. ij.
Sacch. Lactis, - - - - - - - - - grs. jv.
M. Ft. chart., No. xij. Give one every four hours.

℞. Tinct. Ferri Sesquichloridi, - - - - ℥ j.
S. Give four drops in water once in four hours.

Also take equal parts Tinct. Ferri Sesquichloridi and pure Glycerine, and moisten a piece of soft linen with it and keep constantly applied between the labia, likewise a piece of linen several folds thick, moistened with the same and laid over the parts, changing frequently.

℞. Solution Citrate Potassa, - - - - ℥ ij.
S. Put one teaspoonful in a tumbler of water; use as a drink *ad libitum*.

At my visit the next day, the mother informed me that the pruritus ceased with the first application of the mixture. The vesicles had given place to excavated ulcers, and the mother informed me that a dark colored, gangrenous piece came out of each of them on the previous night, and that she had saved one. There was evidently no ground lost in the case. Directed a continuance of treatment, and bathing the parts with tepid water and Castile soap. On the next day the pulse was slower, the countenance less haggard, prostration slightly less, and the ulcers certainly no worse. Continue treatment. The next day there was improvement, and perhaps half a dozen healthy granulations had appeared. This treatment was continued to Oct. 8th, when the last ulcer was healed. Now (Oct. 12th) she seems pretty well, although pale and feeble. If she recovers fully, Mr. Editor, you shall be informed of it, as it will be the first recovery I have seen from this disease.

It will be observed that this fearfully fatal disease declared itself

without apparent cause in perfectly healthy children, all but one were little girls, and all were between one and four years of age. Neither of them had suffered from fever or eruptive disease of any kind, nor was any epidemic of any kind prevalent, or declared itself soon after, except in a single instance, and that was in 1849 when a form of choleroid disease prevailed, and that only among adults. The parents of all the children were very healthy. A singular coincidence was the commencement of each case in the month of September. I have seen partial gangrene of the genitals succeeding to measles, scarlatina, diphtheria and typhoid fever, but at the autopsy emboli were found in the supplying arteries of the parts. But there was nothing of the kind found in either of these cases; on the contrary, however, great fluidity and putrescence of the blood. With one exception, every case has proved fatal, and that I do not regard as exempt from danger. These cases seem to have been induced by a septic poison *sui generis.* Perhaps this will stimulate some one who has had a more successful experience in this direful malady to present their treatment to the profession.

55 South Clark Street.

ARTICLE II.—*The Result of Twenty-two Doses of Chloral Hydrate; with Cases, Observations and Gleanings, at St. Luke's Hospital.* By JNO. E. OWENS, M.D., Surgeon to the Hospital.

Dose 1, Case A. W. R., aged 47, in the last stage of phthisis, has been taking Morph. Sulph. gr. i; *pro re nata.* Last evening, (May 11th), being very restless, and in much pain and general distress, at 6 o'clock, Chloral Hydrate, grs. xx, were given. Within about fifteen or twenty minutes he began to doze, and at a quarter to 7 o'clock he was in a profound sleep. The respiration was not so frequent as when he was awake, the chin dropped, the eye-balls were only half covered, pinching occasioned no response, the arms became cold to the elbows; he could not be aroused, and remained in this condition about two hours, after

which he awoke, sucked a piece of orange, fell asleep again, and remained so, awaking for a moment once or twice, till 4 o'clock in the morning.

Dose 2, Case A. The resident, being somewhat timid, in consequence of the effect of the first dose, gave at 10 A. M., (May 12th), only 15 grs., which produced a calmness.

Dose 3, Case A. At 7 o'clock, P. M., 20 grs. produced sound sleep, but the patient was able to be aroused.

Dose 4, Case A. Chloral Hydrate, 20 grs., at 10 o'clock, A. M., (May 14th), caused drowsiness in 15 minutes. Patient died, May 17th.

Dose 5, Case B. May 18th, a young, delicate woman was admitted with typhoid fever, complicated with unusual cerebral excitement. She talked more or less incoherently, jumped from bed five or six times during the night, and as frequently through the day. At half past 7 P. M., the patient being wild and excitable, but easily managed, took Chloral Hydrate, 20 grs. In 15 minutes she became calm, in a half hour slept soundly, and passed a very quiet night.

Dose 6, Case B. May 19th, during the morning she was pretty quiet, and more or less drowsy, no inclination to get up. About 12 M., the patient becoming again restless, we gave Chloral Hydrate, 20 grs. She was asleep at 12.15, and did not get up during the night. Twice, however, she asked for water, and after drinking dropped off to sleep again.

Dose 7, Case B. May 21st, last evening 20 grs. caused sleep in five minutes by the watch. In ten minutes, so soundly asleep was she that the resident lifted her hand from the bed, felt the pulse and dropped the hand upon the patient's body without awaking her. Previous to the administration of the medicine she was wakeful, and staring wildly around the room.

Dose 8, Case B. In fifteen minutes after another dose (20 grs.) she became quiet, and remained so for two or three hours, after which the effect of the medicine had entirely passed away.

Dose 9, Case B. At 3 o'clock, P. M., the dose was repeated. It took effect in 15 minutes, but its influence continued only 45 minutes.

Dose 10, Case B. May 31st, patient being wakeful and ner-

vous, we gave 20 grs. at 8 P. M. She was asleep in 25 minutes, and slept nearly all night.

Dose 11, Case C. A large muscular man was admitted with stricture of the urethra. A day or two after admission, Chloral Hydrate, 20 grs., were given. The patient was not suffering any at the time. He was put to bed without supper, in a quiet ward, but did not sleep, and said that he did not feel drowsy. Dose was insufficient.

Dose 12, Case D. J. Q., aged 23, was admitted for partial anchylosis of the knee, the result of synovitis. There was slight dullness at the apex of the right lung, laryngitis supervened, the patient was feverish, and could not speak above a whisper. At half past 2 P. M., Chloral Hydrate, 20 grs., were taken, the patient being in bed. In 20 minutes he became excited. The excitement, which continued about 10 minutes, was similar to that produced by chloroform. This excitement was manifested by the patient's throwing his arms about, and by his expressing a desire to fight. Falling asleep in 35 minutes, he awoke in an hour, but in a few moments he went to sleep again and remained so for two hours.

Dose 13, Case E. A tall man with large frame and large joints, having been admitted, several days ago, with acute rheumatism, took Chloral Hydrate, 20 grains; negative result; dose insufficient.

Dose 14, Case E. Chloral Hydrate, 25 grains, were administered; negative result; dose insufficient.

Doses 15 and 16, Case F. A tall, stout young man was admitted on account of persistent hæmorrhage from the arm—the consequence of a stab received, in New Orleans, two months before admission. Upon cutting down close to the bleeding vessel, and applying the actual cautery, the bleeding ceased. The night of the operation he suffered much pain, for which he took Morph. Sulph. grs. ss., with negative result, although the pain was somewhat lessened. The second night, though the pain was not so great as that of the preceding one, Chloral Hydrate, 20 grs., were given, at 8 o'clock P. M. We waited an hour and a half, and seeing no effect from the dose, 40 grs. were administered. In thirty minutes he was asleep, and passed a very comfortable night, having been disturbed only to go to stool. He felt well in the morning, there being no headache, or nausea, and he ate a hearty breakfast.

Dose 17, Case F. Hand considerably swollen and very painful. At 11 o'clock last night, gave Chloral Hydrate, 40 grs. The patient was watched an hour. In 15 or 20 minutes he ceased to groan, and was sleeping soundly at the expiration of the hour. At the end of two hours he called the resident, telling him that the hand and arm were again painful. He very soon went to sleep, however, and passed the balance of the night in comfort.

Dose 18, Case G. A well developed and stout male patient, aged 23, above the medium height, was operated upon to-day (May 6th) for the relief of bony anchylosis of the elbow. For pain after the operation, the patient took Morph. Sulph. 1-4 gr., at 6 P. M.; negative result. At 7 P. M., the resident gave Morph. Sulph. gr. ss., a half hour after which he went to sleep and slept an hour, and then awoke with pain. At 9 P. M., we gave Chloral Hydrate, 30 grs. Ten minutes after taking this dose, he went to sleep, and continued to sleep well during the night. This morning, (Aug. 7th), upon awakening he felt well, had some appetite for breakfast, after which he occupied himself in reading.

Dose 19, Case G. Aug. 8th, at 9 P. M., the patient suffering from headache and pain in the arm, took Chloral Hydrate, grs. xxv, with negative result, both as to decrease of pain and the production of sleep.

Doses 20, 21 and 22, Case H. Dr. Hudson (Aug. 8th), the resident, aged 24, well developed and healthy, took Chloral Hydrate, grs. xx, at half past 10 o'clock A. M. At 11 A. M., he had experienced no change of feeling. At this time (11 A. M.) he repeated the dose, (grs. xx), ten minutes after which, he was somewhat excited, and experienced a warm, glowing sensation over the whole body, but more especially about the head and chest. The sensation was agreeable. In 20 minutes, the excitement was at its acme. He felt like one slightly intoxicated. At 11.30 A. M., being extremely happy, and concluding "to make a little heaven here on earth," he took a third dose, (grs. xxx). Five minutes after taking the last dose, the inclination to lie down was irresistible. Acting accordingly, he did not remember anything after touching the sofa, till 1.30 o'clock P. M., when some one aroused him for dinner. Both bells had rung, the patients had passed and repassed the office door, on their way to and from dinner, without awaking him. He went to dinner, feeling as well as

usual, and ate as heartily as he had done for a month. There were no after effects whatever. (The notes of Case F are almost entirely in Dr. Hudson's own words, taken from a letter written after he left the hospital.)

Ever on the watch for remedial agents to mitigate human suffering, both the surgeon and physician must hail with delight this new and fascinating hypnotic anodyne. Surer than opium and its salts, and unaccompanied by their unpleasant consequences—constipation, loss of appetite, profuse perspiration, mental hebetude, nausea and vomiting—Chloral Hydrate seems to be rapidly approaching a position unattained by any other drug of its class. Opium, for centuries the idol of the physician, the sheet anchor of the surgeon, and a blessing to mankind, has now a powerful rival. Discovered (Chloral) by Liebig, probably more than twenty years ago, it was first employed as a hypnotic and anæsthetic by Liebreich, of Berlin. Chloral is a colorless fluid, which should never be used in practice. Upon being mixed with water, however, it becomes the Hydrate—a white, solid substance, having an odor resembling that of ripe melons, and a somewhat caustic taste. It is the latter, in solution, that is used in practice. M. Personne's communications on Chloral, read before the Academy of Sciences, of Paris, point to its alternate transformation in the organism into formed acid and Chloroform, the latter being subsequently converted into Chloride of Sodium and Formiate of Soda—the products of its elimination. It is the alkali, alone, used in these experiments, which transforms Chloral into Chloroform. The theory of action, then, is that by the influence of the alkaline reaction of the blood, Chloral is changed into Chloroform, which produces sleep and sometimes anæsthesia. The sleep is more slowly produced than by Chloroform, lasts longer, and is not so frequently preceded by excitement. Chloral is most conveniently administered by the mouth. A much smaller dose is required by the hypodermic method, but as the dose that will kill by this method, has not, as yet, been determined, its administration in this manner is considered unsafe. M. Wamias, however, a surgeon of Venice, has not experienced any inconvenience after hypodermic injections of Chloral, and says that 15 grs., in double the quantity of distilled water, have acted speedily and excellently. This remedy seems to be contraindicated in the same cases in

which Chloroform is contraindicated, namely, in organic disease of the heart and brain. Dr. Richardson, I believe, recognizes only one form of organic heart disease, in which Chloroform is positively contraindicated, namely, a heart with its right ventricle dilated, and attended with bronchial cough and dilated veins. It is impossible to fix a uniform dose of Chloral. It ranges from ten to eighty grains. It is safe, in the adult, to begin with 20 grs., and increase five or ten grains *pro re nata.* I have seen very good results, in cases of pulmonary irritation, from ten grains three times daily. The dose is, in a degree, proportionate to the size and strength of the patient; a strong, vigorous man, above the medium height, requiring from ten to twenty grains more than one of ordinary strength and medium size. Liebreich may have entertained a hope of its rivaling Chloroform, Ether, and other anæsthetics, as used in surgery, but for this purpose Chloral is totally uncertain and dangerous. Any attempt to induce anæsthesia by the latter drug is wholly unjustifiable. It, however, promptly produces a stupor and sleep, which extends over considerable time with safety. It is used for sustaining sleep in the same class of cases for which Opium, Hemlock, Hyoscyamus, and Belladonna are commonly used, and we need only glance at the above cases in order to see how promptly and reliably it acts, and how free it is from uncomfortable after effects.

Doses 1, 2, 3 and 4, acted in fifteen to twenty minutes; doses 5 and 6, acted in fifteen minutes; dose 7, in five minutes; doses 8 and 9, in from fifteen to twenty-five minutes.

Dose 11, Case C. Nil. The patient was a large and strong man, requiring more than 20 grs.

Dose 12, caused excitement in twenty minutes, and sleep in thirty-five minutes.

Doses 13 and 14. Nil. A large man, requiring more than 25 grs.

Dose 15, Case F. Nil. A tall, stout man, requiring more than 20 grs.; but dose 16 (40 grs.) in case F, was followed by sleep in thirty minutes.

Dose 18, Case G. (30 grs), acted in ten minutes, after Morphia had, to a great extent, failed.

The most interesting case, that of Dr. Hudson, (doses 20, 21 and 22,) will speak for itself. None of these doses were followed by

constipation, loss of appetite, profuse perspiration, mental hebetude, nausea or vomiting. After several doses there was moderate gastric burning; after two doses, anæsthesia. The same care must be exercised in the administration of this remedy, as in other medicines of its class. Highly dangerous symptoms of depression have been produced by a dose of 50 grs. Dr. Post has told me of similar cases happening in New York. Where Chloral is impure it is without action, and is considered dangerous. Very recently we had a bottle of Chloral Hydrate that was moist and sticky. It was here and there of a sulphur yellow, especially the thinner masses that adhered to the inside of the bottle. With this specimen we never had other than a negative result, although it was used in doses as high as eighty grains. After examining the specimen, we of course discontinued its use. Again, the preparations of Chloral Hydrate should not be kept on hand too long previous to use, as they may, in this way, lose their efficacy. Liebreich, after some experiments, concludes that Strychnine, after a too heavy dose of Chloral, shortens and destroys the effect of the remedy, and without producing the injurious action which it exhibits in ordinary cases. He, therefore, proposes to employ hypodermic injections of Nitrate of Strychnine, as an antidote, in cases of the occurrence of accidents after an overdose of Chloral or Chloroform. M. Verneuil has presented a note to the French Academy of Sciences, in which he says that experiments having established the fact that Chloral is antagonistic of Strychnine, it might prove useful in tetanus. Subsequently, Liebreich reported a case of rapid recovery of this affection by the agency of Chloral Hydrate. Another case has occurred in Lariboisière Hospital, of complete recovery. The daily dose ranged from ʒ iss. to ʒ ij. There is also a third cure reported.

In the management of the nervous, Chloral Hydrate is an agent of great value. In a case of puerperal mania* in which Bailley's solution of Opium and Potass. Bromid. had failed, Chloral, (30 to 60 grs.) produced, in a few minutes, a complete cessation of all cries and struggles, and a return of calm consciousness, followed by a natural sleep of six or eight hours, and this probably saved the life of the patient. In the agitation which sometimes follows anæsthesia from Chloroform, Chloral

* Lancet.

Hydrate produces very happy effects. It is a calmer of general irritability, and an invaluable remedy in the treatment of neuralgia and delirium tremens. For neuralgia of some of the ramifications of the fifth nerve, we have found 20 grs., in the case of rather delicate females, act very promptly. In delirium tremens 40 grs. is a fair dose. It is said that, in children, about six years old, suffering from pertussis, 5 grs., two or three times daily, will mitigate the paroxysms; or, if the paroxysms are more severe at night, that six grains, at bed-time, will ensure a quiet night. Prof. Gross recommends it, in the treatment of strangulated hernia. Indeed, were we to enumerate all the affections or conditions for which Chloral Hydrate may be used with great advantage, we would encroach too much, perhaps, upon the pages of the JOURNAL. We hope, however, that a medicine so valuable will very soon be offered to the profession at cheaper rates, provided this can be done without any deterioration of quality, for Chloral that is not perfectly good and pure, is simply worth nothing.

ARTICLE III. — *Case from the Surgical Clinic of Professor Moses Gunn, of Rush Medical College.* Reported by H. F. CHESBROUGH, M.D.

[Continued.]

IX. On Saturday, May 21, S. A. H., of Wisconsin, presented a letter from Dr. H. C. Soule. He had come for relief from a tumor in the fauces. It was with great difficulty that he could make himself understood, the tumor presenting an almost total impediment to speech. He presented the appearance, every time he moved a few steps, of a man laboring under a severe attack of spasmodic asthma. His color was bad, face care-worn, figure stooping, and whole appearance that of a man who had long struggled against an incurable disease. Twelve years ago he had first noticed the tumor in the right side of the velum pendulum palati. At first it was of slow growth, gave very little trouble, and was not at all painful. But about three years ago the inconvenience became very great, so that he was forced to abstain from work entirely, because the size of the tumor prevented the ingress

of sufficient air into the lungs to allow of any exertion. Two years ago it began to interfere with his sleep, so that at last he could, according to his own account, only sleep for about two minutes at a time. The tumor would fall upon the rima glottidis, and, acting as a valve, cut off the supply of air; then he would awake, and this process would be repeated till the night was passed. Of course through these last years his food had been restricted to liquids. On requesting the patient to open his mouth, there could be seen a large dark red mass seemingly filling up almost the entire cavity of the mouth, pharynx and fauces. By pressing the tumor towards the right with the finger, the uvula could be seen far back and to the left, crowded against the wall of the pharynx. Exploration with the finger also determined that the attachments of the tumor corresponded exactly with those of the velum pendulum palati. On the left side the index could be swept along the lower free border of the tumor, but on the right side the finger failed to quite reach the extremity of the recess. The tactile sense showed it to be solid and elastic. The exploring needle brought blood only—but blood very freely. The mucous membrane covering it was very red and vascular, so that, judging from the appearance, the situation, and the free hæmorrhage, the diagnosis of soft cancer seemed very probable. On the other hand, the absence of pain, the long history, the slow growth and non-ulceration of the tumor, pointed equally as strongly in the opposite direction.

The diagnosis, therefore, was doubtful, with an inclination toward that of a benignant tumor.

The patient was informed of his danger. He was told that he would undoubtedly be suffocated by the tumor at no distant day if it was left untouched; that the operation might be difficult, dangerous and even fatal, but, if successful, would yield partial, and possibly complete relief. He was given the plain choice between letting the tumor alone, and certain death in the not-far-distant future on the one hand, and a dangerous operation with hope of great relief on the other. He took time to consider, and on Monday morning announced his intention of undergoing the operation. (He afterwards said that he came to Chicago with the intention of having the tumor removed at all hazards.) Tuesday, 2 P. M., was the time fixed upon. The patient was punctual, and

Dr. Gunn had provided himself with a charcoal furnace and three irons for the actual cautery. Dr. W. C. Hunt was also present, by invitation, with his microscope. An incision was first made into the substance of the tumor, and a portion of it removed and placed upon the slide of the microscope. Dr. Hunt immediately pronounced it fibrous. Dr. Gunn then commenced the operation with a curved, probe-pointed bistoury, sweeping from left to right close to and along the free border of the hard palate. He then endeavored to enucleate the tumor, and to his great satisfaction found this perfectly feasible. The patient was sitting in a chair facing the class, an assistant holding his head. He had so little space for breathing, that the additional room taken by the surgeon's finger completely cut off his allowance of air. In a few moments he threw up his arms as a signal of distress, and was given a short respite. A second time the operation of enucleation was continued, and a second time the patient was allowed a chance to rest and recover breath. A third trial now peeled off the greater part of the mucous membrane from the tumor, but when the surgeon withdrew the finger, the patient still threw his hands wildly about and rolled his head from side to side without drawing a single breath. Before the class had time to comprehend the difficulty, the operator plunged his index and middle fingers into the patient's mouth and lifted the tumor from its valve-like position on the rima glottidis, pushing the mass upward and backward with sufficient force to leave room for the admittance of air. After another short breathing space had been given, Dr. Gunn swept his finger swiftly around the remaining attachments of the tumor, and amidst the applause of the spectators, dragged out of the patient's mouth a mass whose size taxes severely the imagination to understand how it could have rested so long in its place. Its greatest length was 3½ in., breadth 3 in., and thickness 2¼ in.

The mucous membrane peeled from the tumor was very dark and livid, and seemed almost certain to slough off, but the next day, on the contrary, it showed evident signs of contracting and effecting a restoration of the velum palati. An abscess formed within the pharynx and broke in the course of the week, and still the two folds of mucous membrane kept continually closing upon each other. It was supposed that it would be necessary eventually to put a stitch in, to close completely the gap, so when the patient

went home at the end of two weeks he was told to return in six weeks for any operation which should then be indicated. At the end of that time he came back, his speech good, though not perfect by any means, the velum pendulum palati completely re-united, and the uvula in its natural position. He said he slept and ate perfectly well, and had gone to work soon after returning home, greatly to the astonishment of his family and friends, who had never expected to see him return alive.

There are a few points of especial interest in this case:

1. The situation of the tumor, no mention being made (as far as known) of a fibrous tumor in the vail of the palate.

2. The complete restoration of the velum pendulum palati.

3. The fact that the tumor was developed entirely in the right half of the velum (as proved by the integrity and position of the uvula) adds still more to the wonder at the restoration of the palate.

ARTICLE IV.—*Remarks on a Recently Discovered Mineral Spring at Portage, Kalamazoo County, Mich.;* together with the Qualitative Analysis thereof, in comparison with some European Springs of Celebrity. By EDWARD CLAPHAM, M.D., L.R.C.S., etc., Kalamazoo, Mich.

During the past few months there has been quite a temporary *furore* created in this section of our good State of Michigan, by the discovery of numerous mineral springs, endowed with high magnetic properties, and invested with wondrous curative powers. Perhaps nothing, since the discovery of Petroleum, has so similarly started people hunting for magnetic springs all over their lands, round about here, in the hope of realizing largely on their property should such a treasure haply be found. Various have been the samples of water brought me for an opinion or an analysis, but in few cases have they proved worthy of a second consideration. The public have become satiated alike with water and the vaunted efficacy thereof, which each spring was said to possess. But since this magnetic-spring fever has abated somewhat, it is proper to speak of one which has hitherto not been pushed into notice, other than by its merits as a remedial agency.

The spring in question is on the property of Mr. Durkee, of Portage, Mich, and issues from a hillside, sloping gently down to the bank of a small stream, being pleasantly situated amid a grove of handsome shade trees. Bath houses of a temporary nature have been erected close to the spot whence the water issues, so that the full benefit of the same is amply secured to the invalids.

The *external* application of this water appears to be decidedly sedative, from accounts I have received of it from those who have derived benefit, and may be due to the pretty large quantity of carbonic acid dissolved in the water, and also the salts held in solution by the same gas. The late Sir James Y. Simpson was the first to demonstrate the decided sedative action of carbonic acid gas, applied to various parts of the body, chiefly mucous or abraded surfaces, however; but there is no reason why a bath of highly carbonated water should not exert a very happy influence over cutaneous surfaces. Hence, to this agent (CO_2) we may attribute, I suppose, the relief experienced by many who have made use of the Durkee Spring in cases of rheumatic affections.

In its nature and composition this spring more closely resembles that noted one of "Spa," in Belgium, as will be seen at once from the respective analyses given below for comparison; and by a rather strange coincidence, prior to my acquainting Mr. Durkee with the result of my analysis of his spring, it had been remarked to him by one who had made use of it, that "it more closely resembled the celebrated European medicinal spring baths, than any he had seen since his return from Europe."

That this spring possesses some curative power, there can be but little doubt, as a glance at its composition shows, but as medical men, remembering the effects of mind on matter, and especially the value of free ablutions to bodies which, perhaps, have been neglected in this particular, we must accept the *marvellous* with the usual number of grains of salt.

The existence of an appreciable quantity of Bicarbonate Soda in this spring, entitles it, however, to some little consideration on our part, as also the large amount of Carbonate Protoxide of Iron, held in perfect solution, and therefore in a most agreeable and assimilable form perhaps.

These two bodies form the chief peculiarity of the water as medicinal agents, nor have they been found present as regards

the Carbonate Soda, or in as large quantities as regards the Iron, in any of the springs around here, which have been so highly extolled and quite a fuss made of them.

I regret that pressure of professional business and the lack of a pair of fine analytical balances just now, have prevented me giving your readers a full quantitative analysis of this rather interesting spring, for there is no doubt that under due and proper medical advice some benefit may be derived in chronic derangements of the skin, stomach, liver, kidneys and bowels, conjoined with various hygienic requirements which can be secured at the farm house near the spring, which is only nine miles from Kalamazoo, and conveniently reached twice daily by the Lake Shore and Michigan Southern R. R.

Analysis of the Durkee Spring.

Temperature at which the water issues from the earth, 50° Fah.
Specific Gravity, 1·005 at 60° Fah.

Carbonic Acid, *free*, considerable, but undetermined.
Sulphureted Hydrogen, *free*, traces.
Bicarbonate Soda.
Bicarbonate Magnesia.
Carbonate Lime.
Chloride Sodium.
Carbonate of Protoxide Iron.
Sulphate Lime.
Alumina.
Silica.
Organic matters.

Total number of grains of solid matter held in solution by one gallon of this water at 50° Fah., 26·25.

The quantity of *free* CO_2 is not unusually large, but considerable exists in a nascent form, holding in solution, at ordinary temperature, the saline and mineral constituents, NaO, MgO, CaO, and FeO.

Qualitative Analysis of the Celebrated Spring of "Spa," Belgium.

Temperature, 50° Fah.

Carbonate Soda.
Carbonate Magnesia.
Carbonate Lime.
Chloride Sodium.
Protoxide Iron.
Free Carbonic Acid Gas.

It will be observed that these spring waters are very similar and coincide in all important particulars, being of a saline and chalybeate nature, and furthermore it may be cited that if we except the difference of Oxyde of Iron and a few degrees of temperature, the Durkee Spring closely resembles the celebrated Thermal Spring, of Plombiers (France) a favorite and frequent place of resort of the late Emperor Napoleon the third, whose chronic malady found relief thereat.

By slightly raising the temperature by artificial means, Mr. Durkee is enabled to furnish a very pleasant and efficacious bath, equal to that of Plombiers, the analysis of which is given herewith.

Qualitative Analysis of the Spring at Plombiers, France.

Temperature, 90° Fah., (variable, however.)

Carbonate Soda.
Carbonate Lime.
Chloride Sodium.
Sulphate Soda.
Silica, and organic matters.

From personal experience of the Durkee Spring, I can only remark, in conclusion, that it is exceedingly pleasant and refreshing. Large quantities can be swallowed without the usual feeling of oppression or distension. I purposely pass over any allusion to the magnetic properties (so called) which the spring may have been found to possess, as I attach but very little importance to the phenomena of rendering knives magnetic by immersion in these springs as viewed in a medical light.

I have my own theory as to the frequent discovery of these pseudo-magnetic springs, which is, that owing to a large extent of bog iron ore, stretching away from Canada down as far as our peninsula of Michigan, and this is well known to possess magnetic properties (having specimens in my own mineralogical cabinet) there is no wonder at the development of magnetic phenomena, or of the large quantity of iron found, in these springs at their source. Capital has been made (or attempted) of this imponderable agency in connection with the various springs, but it is somewhat remarkable that in curative results, the Durkee Spring, itself possessing scarcely any magnetic properties, has wrought more than any others which vaunt their magnetism.

This spring water is decidedly diuretic and aperient, also perceptibly detersive in its action on the skin as well as in cleansing textile fabrics.

From persons of veracity I have heard many accounts of its sedative influence upon limbs as well as other parts of the body generally, which being undeniable can only be referred to the presence of appreciable quantities of alkali (NaO) in a highly carbonated form ($=^{2} CO_2$) and on this account, therefore, externally, in conjunction with its *aperient* and *anti-lithic* effects internally, I was led to believe that my professional brethren might wish to learn some particulars as to the relative character and composition of this rather interesting spring, which may haply attain celebrity some day, but which at present may only excite the action of "musculi risorii, Santorini nostri," with the accompanying remark, "bibat qui vult."

P. S. The analyses of the "Otsego," "Eaton Rapids" and "Collins" springs having already been made public, I have not deemed it necessary to reproduce them here, as comparison, if ever odious, would be so in this case especially.

ARTICLE V. — *Bromide of Potassium in Leucorrhœa.* By A. H. KINNEAR, M.D., Metamora, Ill.

What I have to say, upon this subject, may not be altogether new to the profession at large, but as I have seen nothing of the kind in the medical periodicals, I have deemed my experience sufficiently interesting to warrant me in laying it before the readers of the JOURNAL.

Some two years ago, I was treating a case of leucorrhœa of some two years' standing. The remedies that I was prescribing in the case, were those that are usually recommended in works on Gynæcology, but after a fair trial of them, and failing to meet with the success I desired, I determined to change my treatment. A little previous to this time, I had occasion to prescribe Bromide of Potassium to a gentleman who was, and had been for a long time, troubled with gleet; but the prescription was given to procure sleep and allay nervousness. The prescription was continued for one week. At the expiration of this time he reported to me, and asked if I intended that medicine to cure the gleet, which he said it had accomplished. From this circumstance I was led to believe that it might be a valuable remedy in leucorrhœa, and, in fact, in all diseases of the genitalia, more particularly such affections as result from congestion of the mucous membrane of the genital tract, and as I had a case on hand which would test its virtues, I immediately prescribed it to my lady patient—twenty grs. in solution, twice each day, thirty minutes after meals. In ten days' time my patient reported herself as feeling much better; the discharge was lessened, she could sleep better, appetite was improving, and, in fact, there was decided improvement in every particular. I continued the prescription four weeks longer, omitting it occasionally for a short interval on account of the stomachic irritation it produced. At the expiration of this time all symptoms of her complaint had disappeared, and up to the present time she has had no return of the affection.

Since that time I have kept notes of twelve marked cases of leucorrhœa, none of which were of less than six months, and some of two years, standing when they applied to me for treatment. The prescription in each case was Bromide of Potassium in solution, the dose according to the severity of the case, and two

months being as long as the treatment was required in any case. The majority of the cases yielded to the treatment in four weeks.

I found that it mattered not whether it was vaginal or uterine leucorrhœa; both seemed to yield with equal readiness to the remedy. I am satisfied, from the short experience I have had, that Bromide of Potassium will give better satisfaction in arresting this trouble, and all kindred complaints, than any remedy we have. We obtain, as it were, two effects from the use of this drug: the alterative and nervo-sedative; producing a marked sedative effect upon the genital organs; allaying all irritation of the parts, in fact, putting them at rest; thus giving the medicine every chance to produce its alterative effect on the parts diseased.

The question may arise in the minds of some of your readers, was it not necessary to give tonics in conjunction with this medicine? I found that in the majority of the cases the Bromide of itself soon created sufficient appetite for all the nourishment that was necessary in the case. In administering this remedy in leucorrhœa, the dose must be large enough to have a marked impression on the system, or else it will be liable to fail in accomplishing the desired effect.

Selections.

On the Value of a Large Supply of Food in Nervous Disorders.

Among the various therapeutical agents and innumerable drugs advocated and employed for the relief of nervous weakness, and the cure of the disorders which thence arise, it is possible that the unaided effects of food may not in all cases have met with the trial they deserve. Patients thus affected are told to live well and adopt a generous diet, but the generosity of this is usually estimated by the amount of port wine or other alcoholic stimulant, rather than by that of the bread, mutton, or beef.

Certain chronic invalids who have been brought under my notice, have been lifted out of their former condition of "nervousness" by a large increase in the quantity of their food. They have been people suffering from some general neurosis, taking the

form of an insanity of a low and depressed character, or hypochondriasis, hysteria, alcoholism, or neuralgia, affections closely allied one to another, which may be witnessed, in one form or another, in individuals inheriting the same neurotic temperament. We may see different members of the same family displaying, one insanity, another neuralgia, a third hypochondriasis, while the conversion of one variety to another is a matter of every-day observation.

A paper on "Indiscriminate Stimulation in Chronic Disease," from Dr. Anstie's pen, appeared in this journal in July last. With all that he says I cordially agree, and more on this portion of the subject need not be urged at present. It is a matter of the gravest importance that the treatment of such cases should not be conducted by means of unlimited supplies of alcohol.

If we inquire into the past history of nervous patients, and have the opportunity of learning accurately the facts thereof, we often find that for a considerable time the supply of daily food has been in no degree adequate to the necessities of the individual. Here is a common case. A man somewhat past middle life, but whose years do not imply senile decay, becomes unfit for business, fidgety, irritable, depressed, or even melancholic to the extent of insanity. We hear that he has been a hard-working man of business, always nervous, and very probably an indifferent sleeper. Being most heavy for sleep in the morning, he has risen at the latest moment, and, snatching a mouthful of breakfast, has hurried off to catch the train or omnibus, worried and anxious lest he fail to reach his office at the hour appointed. At lunch-time, if he be really hard-worked, he takes, not a meal, but a sandwich or biscuit, eaten perhaps standing, and often bolted in so great a hurry that digestion is difficult; he tells us that he dare not take more of a meal in the middle of the day, for he would be rendered unfit for the remainder of his work. In the evening, with what appetite he may, he eats his dinner, perhaps not before half past seven o'clock. Now, granting that his dinner is amply sufficient, such a man lives on one meal a day with very little besides. These are the persons who cannot go on without frequent holidays; nervous by inheritance, they break down because they are insufficiently fed. A holiday, during which they live better, builds them up again for a time, again to break down; often to fall into the condition above mentioned. Another class among whom we may frequently witness the same result and corresponding symptoms, are the clergymen, who, for various reasons, deny themselves an adequate amount of food. Either they fast rigidly, according to the rule and doctrine of the day, often allowing some hours to elapse before they break their fast, or they think that hearty eating is a snare and a carnal enjoyment, or they hold it sinful to eat their fill while others are in want. Whatever the cause, certain it is that many

of the clergy break down in one or the other of the forms of nervous disorder already enumerated, and an enlarged dietary is to them a necessity. A vast number of women, for one reason or another, take a very small supply of food: some think it unladylike to eat heartily; some eat on the sly, and when this is not practicable, go without. Many from the lives they lead are doubtless correct in saying they cannot eat because they have no appetite. These stay in the house from month to month, or never venture beyond the door except in a carriage, because ladies do not walk in the streets. Others have misgivings on the score of their digestion. Like many women who lead sedentary lives, and habituate themselves to passing long periods without action of the bowels, they suffer greatly from constipation, which is looked upon as an indication and a warning that they ought not to eat. So they starve themselves, and fancy that if they abstain from food it is of little consequence whether they pass a motion once a week or once a fortnight.

It may be well to consider somewhat more in detail the various neuroses which have been mentioned.

The first on the list is low nervous depression, commonly known as melancholia, the most formidable of all that have been named, the one most likely to run in a short time into serious and even fatal insanity, but which, if arrested at an early stage, is often singularly amenable to treatment. In almost every example of this variety, and almost from the commencement, we find a marked disinclination to take food, and in extreme cases it can only be administered by some kind of forcible feeding. In milder cases, and at an early period, it will be taken if we insist upon it, and the result of a large supply is frequently manifested in a very brief time. It has been frequently asserted by many writers, that refusal of food on the part of melancholic patients is due to dyspepsia, and in confirmation of this opinion they point to the foul and furred tongue, the obstinate constipation, and the fœtor of breath so constantly observed in such patients; but this condition of the tongue and fœtor are due, I am convinced, not to gastric disturbance, but to the generally depressed and devitalized state of the individual; and the best proof of the absence of dyspepsia is that, although we suddenly compel the ingestion of what, compared with that previously taken, may be called an enormous quantity of nourishment, the stomach by no means rejects it, but, on the contrary, retains and digests it, as is shown by the rapid amelioration which takes place. It is inconceivable that dyspepsia can be the cause of refusal of food when the administration of it is unattended by sickness or inconvenience, even when that which is taken into the stomach is not light invalid-diet, but such substance as beef or mutton. From my own observations, and from the subsequent confession of patients, I am inclined to believe

that the refusal of food is in almost every case the result of delusion, this being in turn the result or interpretation in consciousness of the extreme nervous depression and exhaustion under which they are laboring. They are too wicked to live, too wicked to eat; it is sinful to pamper their flesh and their appetites; they beg for cold water and dry bread, but the idea of a good dinner their soul abhors. If we see such sufferers at an early stage when forcible feeding is not necessary, and they will take that which is ordered, merely protesting against the uselessness or wickedness of the proceeding, we may prescribe a very large amount of food without fear, nay, with a constant expectation of the greatest benefit. What the food is to consist of is a point on which little need be said. It is not necessary to adhere to a sick diet,—to beef-tea or boiled mutton, to essences of beef or Liebig's food or any other of the concentrations so loudly recommended. The ordinary diet-list of the individual in health may be given without hesitation—fish, game, poultry, meat, puddings, and the rest. His appetite should be stimulated by variety, and his dishes may be savory as well as wholesome; but the supply must be large. Such patients for the most part have accustomed themselves to eat during the day a scanty and insufficient amount, and we shall be told that latterly they have not taken half their usual quantity. It is not too much to say that they require double that which they have so long taken; and as we shall not be able to induce them to eat double the quantity at a single meal, it will be necessary to multiply the number of the meals. Instead of breakfast, lunch, and dinner, two of which have probably been but the semblance of a meal, we may institute a series of feedings after this kind: First, something may be given early in the morning, before the patient gets up, as rum and milk, egg and milk, chocolate or *cafe au lait.* This will be useful in allaying the feeling of extreme depression and dispelling the gloom and suicidal thoughts so constantly present on first waking. Next, breakfast may be taken, after dressing, and between it and two o'clock lunch something else, as beef-tea or a sandwich. The dinner hour should not be later than six, and at bedtime some light kind of supper should not be omitted. By this kind of division, food may be administered six times in the day; and if the patient wakes in the night, and is restless and nervous, and disinclined to sleep again, food, taken even in small quantity, will often bring back sleep. With all the food may be given a reasonable amount of wine, or wine and stout, and this not by way of curing the disorder by stimulants, but because in conjunction with them less food appears to be required, and also because the addition of some wine or beer often renders the taking of the food more easy to the patient.

Now the latter, and it may be the friends, will protest loudly that it is impossible to take this quantity; he will assign every

conceivable reason for avoiding it; but if we are firm and insist, and, if necessary, cause him to be fed with a spoon, he will retain and thrive on it, and in a few weeks, or even days, will show very marked signs of its good effect. Patients have recovered under this treatment in a singularly rapid manner. Some learn in a short time to appreciate the benefit of the food, and miss their meal if from any cause they are unable to take it at the appointed hour, and some have gone on for years after their recovery, taking, not the quantity prescribed during the acute stage of their illness, but one very much larger than that on which they had endeavored to live for so long, and under such a change of regimen have lost all trace of the depression and hypochondria from which they formerly suffered. Although beef-tea, chocolate and milk have been mentioned as articles of diet, it by no means follows that liquids are to predominate; on the contrary, solid food is far better as sedative, and also far more nutritious, and it may be taken as in health. Much has been said concerning the advantage of fatty food in nervous disorders, and sugar has been thought to disagree with these patients; but in my own experience I have found that all the various foods—the fatty, the starchy, sugar and meat—may be given in due proportion at any rate to the individuals now under consideration. If this amount and description of diet be administered, there will be little need of medicine, except perhaps of Morphia or Chloral to procure sleep at the commencement of the treatment.

The next variety of neurosis in which the efficacy of abundant food is markedly shown, is alcoholism, whether acute or chronic. I shall not here enter upon the question whether delirium tremens is ever caused by the removal of alcohol; controversy upon this point is not yet at an end, and it will exist so long as we are ignorant of the precise pathological cause and condition of delirium. But whether alcohol is to be entirely avoided or not in the treatment of this disease, it is, I believe, an established fact that abundant nourishment, not spoon diet, but solid food, should be given as soon as the stomach can retain it. The irritability of the latter is a difficulty to be met in various ways, and owing to this we may at first be obliged to resort to concentrations of food—Liebig's extract, various preparations of beef-tea, and so on. It would appear that sleep is far more easily procured, and that medicines given for it are far more efficacious, if an abundant supply of nourishment is administered at the same time.

It is rather, however, in chronic alcoholism that the good effect of food may be witnessed. Here it is often of the greatest consequence to abolish alcoholic stimulants entirely; in fact, in such abolition lies the only hope of effecting the reformation of the chronic drinker. The intense sinking and craving for the

accustomed stimulants may often be effectually met by food, especially if a small quantity be given frequently, as recommended already. Such patients are unquestionably most difficult to deal with; they assign reasons of all kinds for rejecting food, and for being treated by their favorite remedy. They are faint, they require support, they suffer from stomach ailment, from pain, from want of appetite, nausea, or sinking; but they rarely vomit that which they take if drink is withheld, and this is a tolerably sure sign that the stomach is equal to the digestion of the food. The symptoms of alcoholism need not be here described; but whether they be the transient and immediate results of a heavy debauch, or the grave signs of commencing degenerative change of the nerve tissues, which runs to alcoholic paralysis, epilepsy, or dementia, food is equally demanded, and is in fact the one thing which can arrest this degeneration by supplying nutritive elements in large quantities. The recovery in such cases is often astonishing. I lately saw a young man who for many weeks was completely paraplegic, but who nevertheless entirely regained the use of his limbs. The recoveries, too, from alcoholic dementia are often equally surprising; in fact, there seems scarcely any state from which recovery may not take place if the disease has not existed for a long period, and if we are able to withdraw all alcohol, and administer nourishment in large quantity.

There are a number of people whose nervous temperament displays itself in symptoms which are called, in common parlance, hysterical, or hypochondriacal. While young they are termed hysterical, especially if they are women; when older, they are known as hypochondriacs, and their nervousness then takes, for the most part, the form of depression and anxiety, or even suffering on account of some fancied bodily disorder. Now, although hysteria is held by some to be peculiar to women, and discussions are raised as to whether the seat of it is in the womb or the ovaries, or elsewhere, it is, I think, a fact that there is the closest connection between these two neuroses; that the condition of my patients would be as well described by the one term as by the other, and that the subjects of both the one and the other may be of either sex.

Few of these will be found to take an adequate supply of proper food, and those who take the least will present the most distressing symptoms of their disorder. The hypochondriacal direct their attention to the digestive organs more frequently than any other region. They suffer from constipation, flatulence, and a host of other evils, and for this reason either shun food, or eat most unwholesome and extraordinary combinations irregularly or at long intervals. Hysterical women—I am now speaking of young girls—are especially prone to eat irregularly; to take food, if possible, when unnoticed; to eat altogether a very inadequate

quantity, and to eke it out by an inordinate proportion of stimulants. If we look at such, especially hypochondriacal, their whole aspect betokens innutrition. Often they are miserably thin; if they are given to drink they may be fat, but their flabby tissues speak of low organization and defective power. It is evident that the nervous energy of such people is very low; this is manifested by their mental depression and disturbance, and the defect must be supplied from some quarter or other. But whence can a supply of force come except from the material of food taken into the system by the alimentary organs? Moral measures are, it is said, and said truly, essential to the recovery of such persons. But moral measures constantly fail, because the bodily health does not allow of mental improvement, and is not *pari passu* attended to. As in more marked mental aberration no amount of argument, proof, or moral suasion will expel a delusion which vanishes of itself when bodily health is renovated; so change of scene, change of persons, and moral treatment of every kind, will fail with the hysterical or hypochondriacal so long as they try to live upon physic or alcohol, or upon a diet almost devoid of nutritive elements.

It may be objected, that some hypochondriacal patients eat, not scantily, but enormously, taking more than is necessary for a person in health. Such are to be found, but in my experience they are the least to be pitied of their class. Though nervous about themselves, and prone to take notice of the slightest indication of anything they may think an ailment, they are not generally depressed or unhappy, but after a fashion of their own, they exert themselves and enjoy life. Such people, I believe, take this amount of food from a feeling that it is to them a necessity, and thus they keep at bay the graver nervous disorder which perpetually threatens them, and the matter of alcoholic stimulants they rarely exceed. Food is to them a stimulus, and were it withdrawn they would speedily show signs of more serious mental mischief.

The other subject on which I propose to say something is neuralgia. It is obvious that any observations upon it must be of the widest and most general character, and that no account can be taken of the special forms of this neurosis, or of any pathological changes connected with it. Believing with many others that neuralgia is one manifestation of impaired sensibility, as other neuroses may be displayed in mental symptoms, and in these alone, I think that the radical cure and not the mere alleviation, is to be found in many cases in the supply of a large amount of nutriment to the nervous system. The confessed failure of drugs in the case of neuralgias, and the mere temporary alleviation by such methods as hypodermic injection, inhalation, or a dose of alcohol, point to the necessity of some more general mode of treatment, which shall effect a greater change in the functions of the

nervous system. Those whose experience is greater than mine speak highly of the utility of fatty food, of cod-liver oil, cream, butter, and the like. Whatever the form of food specially indicated, it generally will be found that the entire amount requires to be increased, and that the quantity taken for a series of years has been deficient. It may be that the alimentary system of elderly persons will be found incapable of assimilating the requisite amount. On the intractable nature of the neuralgias of the aged, nothing need here be said.

With two remarks I will conclude. First, in all chronic forms of neurosis, alcoholic stimulants in any but the smallest quantity are a hindrance rather than a help—or productive of evil rather than of good. Secondly, in such disorders the fear, so commonly entertained by both doctors and patients, of "overloading the stomach," producing "biliousness," and the like, is in the majority of cases not realized when the plan of administering food in large quantity is tried. Great opposition will be offered by patients, and every kind of evasion attempted. They will swallow bottles of medicine far more willingly than they will eat sufficient meals at regular intervals. To induce them to do this is often a difficult task, and here moral handling is required. If this is judiciously applied to the patient and the patient's friends, some very remarkable results may be attained.—*The Practitioner.*

Importance of Proper Alimentation in Health and Disease.—Read before the Sacramento Medical Society, by AUGUSTUS TRAFTON, M.D.

In attempting to elucidate the importance of alimentation in its various relations to the human body, I feel a diffidence that is inspired by a consciousness of my inability to do justice to so important a subject. I shall therefore beg the indulgence of the Society while I read these few hasty and incomplete notes; not so much with a hope of instructing, as a desire to awaken attention and provoke discussion on this important subject. Aliments may be defined as all substances which are absolutely required to repair the waste of the animal body, to supply materials for its growth, and to maintain all the various functions at a healthy standard. That the power of self-regeneration is one of the most distinctive properties of the human body, is a fact evident to the most careless observer. This regeneration consists in the incessant molecular change incident to and dependent on the absorption and assimilation of aliment of various kinds. Its activity

may be checked or hastened by various conditions of the system, but it cannot be completely arrested during the continuance of life. In well-nourished individuals the blood contains all the elements necessary for the regeneration of the various tissues of the body; but owing to the constant physiological decay of the organism the blood soon becomes impoverished, and it is necessary to supply the proper material for a new supply of blood, which process involves the ingestion of various articles of food and drink.

In health the wants of the system are made known to us by a sensation of hunger or thirst. Hunger probably has its origin in the stomach, and is transmitted to the brain probably by the pneumogastric nerve: I say probably, because it is not certain that the sensation is produced in the stomach, but it may be a general feeling of want produced by the lack of material in the blood to supply the waste of the system; and we refer it to the stomach, because of its proximity to the heart and large blood-vessels. It has also been demonstrated by at least one observer that section of the pneumogastric nerve does not destroy or abolish the desire for food.

The demand of the system for water is much more urgent and annoying than the desire for food. This sensation, unlike hunger, is never agreeable, and when prolonged abstinence from drink is practiced, the thirst becomes painful in the extreme. The blood becomes thicker, and all the secretions are diminished. Death takes place much sooner in consequence of the privation of fluids than where only solid aliments are denied.

Inanition is that condition of the system produced by total or partial privation of proper aliments. If food be improper in quality or insufficient in quantity to nourish the system, the same effect is produced; or if the organs proper for the digestion and assimilation of food be in any way prevented from performing their normal functions, the regeneration of the blood is prevented and the tissues are starved in consequence, although food may have been taken into the stomach and passed through the alimentary canal. One of the first and most notable consequences of inanition is a *loss of weight;* the body loses its fair proportions day by day in a regular, progressive manner, long after the process of reparation has ceased in most of the organs.

Death occurs when a certain point is reached, with a great deal of regularity; ordinarily occurring when the body loses about four-tenths or five-tenths of its normal weight. The fatty parts are first affected, and completely disappear. According to a table prepared by Chossat, the fat, blood, spleen, pancreas, liver, heart, intestines, and muscles of locomotion, lose more than four-tenths of their weight before death takes place. The following organs lose in the order in which they are named, less than four-

tenths at the period of dissolution, viz.: stomach, pharynx, and esophagus, skin, kidneys, respiratory apparatus, osseous system, eyes, and nervous system. The brain is probably the last organ to suffer, and loses the least in weight.

Temperature, age, sex, exercise, light, moisture, and the passions, all exert an influence more or less marked on the process of nutrition, increasing or retarding, as the case may be, the development of the tissues of the human body. The blood changes its appearance during the progress of starvation most notably; it is impoverished to an extreme degree, and finally refuses to circulate in the capillary vessels of the skin and some other tissues. The heart's action is sensibly diminished in power and frequency, as a rule, in proportion to the diminution of the temperature of the body; being reduced to thirty or forty beats per minute when the temperature has reached 75° or 80° Fahr. The amount of carbonic acid exhaled is diminished, and the number of respirations is generally decreased, while the breath becomes extremely fetid; the muscular movements slow and uncertain; the voice weakens to a whisper, and memory resigns her seat.

These are some of the phenomena of inanition, occurring in a healthy subject. If such be the case, the neglect of proper alimentation, when the body is prostrated by disease, can but be greatly injurious. Insufficient alimentation during disease is a cause of death, which is often overlooked because of its silent and insidious advances; the patient having no desire for food (owing to his blunted and imperfect sensibility), often neglects or refuses to take sufficient nourishment, and finally succumbs—not so much to the disease as to the lack of proper aliment. Too much food, although injurious, is generally tolerated by the system, and disposed of through some of the excretory organs; but too little food produces a condition that can never be remedied, the system having no power to make up a deficiency. Whenever the waste of the body goes beyond the supply, death is the inevitable consequence. It may be slower, but not less sure, than when all supplies of food are cut off.

Having shown that death takes place from inanition when we deprive the human subject of a proper quantity of nutritious aliment, it will not require much argument to show that persons not in a healthy condition must have proper food in sufficient quantities, not only to enable them to live, but to be able to resist the tendency to death produced by the malady or maladies with which they are afflicted.

I have already defined *alimentary substances* to be such as are absolutely required to repair the waste of the body, to supply materials for its growth, and to maintain all the functions of that body at a healthy standard. In this list are included articles from the animal, vegetable, and inorganic kingdoms, susceptible of

division and subdivision into many classes: the most important are organic, nitrogenized principles from both animal and vegetable kingdoms, viz., albumen, fibrin, musculine, caseine, gelatine, gluten, legumine, etc. Of the non-nitrogenized articles of diet, sugar, fat, and starch, are the principal. Various inorganic substances are required to be ingested or inhaled, as water, air, chloride of sodium, iron, phosphates, lime, and sulphates. The proper amount of food containing the above elements necessary to support an average adult man, varies very much in different circumstances. Temperature is probably one of the most powerful causes of variation, as it is well known that persons living in high northern or southern latitudes will consume an amount of food sufficient for the sustenance of a large family in more temperate regions. The ingestion of alcohol, coffee, tea, tobacco, and some other substances, will, by arresting the elimination of various matters excreted from the body, retard waste, and thus enable a smaller amount of food than ordinary to support the body for a limited period of time. Probably the most correct estimate of the amount of food necessary for the sustenance of an adult, is to be found in the daily rations of the American soldier. We are told that 22 oz. of flour, 20 oz. of beef or 12 oz. of bacon, 16 oz. of potatoes (three times a week), 1½ oz. of rice, coffee ½ oz., beans 1 oz., sugar 2 oz., with a sufficient quantity of salt, and water *ad lib.*, are amply sufficient to sustain an average soldier during the most arduous campaign; and, in fact, there is no reason to doubt that in a temperate climate like ours such rations are amply sufficient. In proof of this, the excellent physical condition of our army, the amount of labor performed, the extraordinary percentage of recovery from capital surgical operations, may all be cited to show the army ration to be sufficient.

But how shall we arrive at a proper estimate of the amount of food actually required to support a sick man—one who is unable to sit up or take any active exercise at all? This is a problem more difficult of solution. In most instances the patient has no desire for food: shall we infer from this that no food is needed?—that no food would be digested if taken into the stomach? I think all will sustain me if I answer this question in the negative.

That point having been satisfactorily disposed of, the next question which naturally arises, is, *what kind* of food? How much can be given with benefit? With regard to the first question, I think the proper aliment for a patient cannot be arbitrarily prescribed; so much depends on the nature of the disease, the various organs implicated, the idiosyncrasy of the patient, and many other things that can only be determined by the closest scrutiny of the patient at the time.

As a general rule, when the anorexia is complete we may suc-

ceed in getting our patient to take small quantities of milk, beef-tea, egg-nog, and some of the lighter farinaceous articles of diet, as tapioca, arrow-root, corn-starch, etc., if we prescribe them in certain doses at regular intervals. The second query, as to how much of the above articles of food may be given with safety and benefit to the patient, it is sometimes very difficult to determine. I believe, as a rule, patients are not fed enough. If any of the secretions are abnormally increased, and rapid emaciation is destroying your patient, it will generally do to increase the amount of milk or beef-tea to a pint or two in twenty-four hours —and in such cases alcohol in some shape will generally be found useful. (In such cases I prefer good whisky to any other form of stimulus.) Of course the patient should be well supplied with fresh air by thorough ventilation of the apartment, and a sufficient amount of cool water is always necessary to the well-being of the patient, whether asked for or not. A little water should be given every hour, or oftener.

When from any cause the stomach persistently rejects the aliment offered, or any mechanical obstacle to the administration of food exists, enemas of beef tea and gruel may be used with good effect, and in some instances baths of milk, or other nutritious fluid, would add to the nourishment of the patient. Nutritive fluids might even be injected hopodermically as a *dernier ressort*, when food could not be retained by the stomach or rectum sufficient for the support of the patient. As soon as the patient begins to convalesce the food should be varied as much as possible, as no single article of diet contains all the elements necessary to a successful building up of the body. The appetite now comes to our aid, and suggests to the patient many articles of diet from which we may select an unobjectionable bill of fare.

In many instances a proper regulation of the kind and quantity of food becomes necessary as a prophylactic; for example, in tuberculosis. The patient presents all the signs which denote the existence of a scrofulous diathesis; his habitation is in a cellar, perhaps; his food, scanty in quantity, and poor in quality, is illy suited to sustain a healthy individual, much less to enable a scrofulous person to ward off the deposition of tubercle, which sooner or later generally occurs in such habits when poorly nourished. Now this person may not need medicine; in fact, no remedy would prevent his early demise so surely and pleasantly as a change of aliment. Remove him from his cellar; in its place substitute the open country; give him suitable employment, plenty of air and nourishing food, and you have succeeded in rescuing one victim from consumption—that fell destroyer of the human race, whose march has hitherto been scarcely interrupted by the best means the whole medical faculty have been able to devise.

In dyspepsia, that hydra-headed demon of disease, which seems to have chosen America as its home, and whose subjects comprise almost four-fifths of the whole population, we have an instance of what improper alimentation may accomplish, when assisted by habits of idleness and dissipation. But here, as in the former case, the great remedy is a proper use of aliments, air, food, and drink. How often do we find a patient who is reduced almost to a living skeleton, whose parchment skin, hollow eyes, fetid breath, and gloomy disposition, proclaim him a most loyal subject of King Dyspepsia; who has been treated and maltreated both by the profession and every quack in the country; who has swallowed nearly every drug known to pharmacy, without benefit—how often, I say, do we find that the only means which will restore such an individual to health, is a proper regulation of aliment. It may be that a teaspoonful of milk is as much as will be retained at once (in such an extreme case); but if only that much is retained we have room for hope; and by a judicious increase of the quantity, and a proper regulation of the necessary adjuncts, exercise and proper clothing, we may hope to restore such a patient to a normal condition of health. I have been fortunate enough to see one such extreme case, in the person of a young lady twenty-five years of age, whose normal weight was one hundred and forty pounds, and who was reduced to eighty pounds in less than a year's illness. In this case the stomach would reject nearly all the food taken, although given in quantities of one tablespoonful at a time. The cure of this case was effected by giving teaspoonful doses of new milk every half-hour, and gradually increasing the quantity as the stomach got able to bear it; in less than six months she was restored to her former weight and health, having taken but very few drugs.

It is a proper system of diet that has given to most irregular practitioners all the success they have ever obtained; without it their bubbles would soon burst, and they would be compelled to give up practice.

In view of all these facts I urge upon you the necessity of making a proper system of alimentation a study, in order that our usefulness be not in any way curtailed, and that we may have the consoling reflection that when any of our patients die, they were at least not starved to death for lack of aliment, which they were unable to ask for.—*Pacific Journal.*

Pamphlets.

On the Origin of Diabetes; with some new Experiments regarding the Glycogenic Function of the Liver. By W. T. Lusk M.D., Prof. of Physiology, L. I. Medical College. New York: D. Appleton & Co. 1870.

The author, after an analysis of the experiments of Bernard, Pavy, A. Flint, Jr., and a carefully devised and executed series of original experiments, concludes that the liver is the most active agent in sugar-production, but that the source of sugar is probably not confined to a single organ. Diabetes may arise from the failure of the liver to arrest the saccharine principles elsewhere generated, but passing through it, as Bouchardat has suggested. A valuable monograph.

Proceedings of the Second Anniversary of the Nebraska State Medical Society. June, 1870.

Two or three cases detailed to the Society may interest our readers, as suggestive of frontier professional duties.

Case 5. Reported by R. C. Moore.—William Thompson, an employee of the Union Pacific Railroad Company, was scalped by the Cheyennes, near Plum Creek Station, Nebraska, on the night of the 6th of August, 1867. He was placed under my care on the morning of the 8th, about thirty-six hours after the wounds were inflicted.

The scalp was entirely removed from a space measuring nine inches antero-posteriorly, and seven inches laterally, the denuded surface extending from one inch above the left eyebrow, backward nearly to the occipital protuberance, and laterally from one temporal region, over the vertex, to the opposite. The pericranium was in places detached, but the greater portion of that membrane was dried, and adherent to the bone. There was also a severe tomahawk wound of the right parietal bone, the fissure extending backward and downward, in the diploe, to the depth of an inch and a half, splintering the external table, but producing no injury to the internal. I also found a slight gunshot wound through the fleshy part of the right arm. The only dressing used during the whole course of treatment was surgeons' lint, saturated with pure olive oil, which excluded the air, and was easily removed for the purpose of cleaning the wound.

Healthy granulations soon appeared on the tissue surrounding the denuded calvarium, but showed no disposition to extend over the bone. In about three weeks the outer table began to exfoliate; at first at the margins, then under the adherent pericranium, the exfoliation extending more rapidly along the course of the nutrient vessels ramifying through that membrane.

As this suppurating and exfoliating process progressed, granulations sprung from the diploe, till the entire surface presented the appearance of a healthy wound. The last portions of the outer table to become detached, were the spots from which the pericranium had been removed.

The suppuration was very profuse, but the patient being strong and enjoying excellent health at the time the wounds were inflicted, did not at any time during the course of treatment present those symptoms of depression which would naturally be expected to follow so extensive an injury, nor were there any symptoms indicating that the inflammation had extended to the brain or its membranes. The only inconvenience or unfavorable complication was a severe neuralgic pain, extending down the right side of the head and face, but after the external table of the skull was cast off, the pain ceased, and there was no further disturbance of that character. The case progressed favorably, and in about three months from the time the scalp was removed, nearly the entire surface was cicatrized.

Case 7. Reported by J. H. Peabody.—G. O., Co. D., 2nd Neb. Cavalry, who was wounded by the Sioux Indians, the 22nd of June, 1863.

Mr. O. called at my office in August, 1866; his health was much impaired in consequence of the irritation caused by an arrow head which he believed was lodged in the upper portion of his right lung; when he coughed it caused great pain, and he swallowed with difficulty.

He was emaciated, and said "his life had become a burden from the constant pain and irritation kept up by the arrow head."

I found the arrow had entered to the outer side and lower margin of the right scapula, passing upwards and inwards through the apex of the lung or trachea, judging from the amount of hæmorrhage reported coming from the mouth at date of injury. Upon probing through a small fistulous opening above the superior extremity of the sternum, I found, what I afterwards ascertained to be the point of the arrow apparently firmly fixed about an inch and a half below the superior end of the sternum, lying flat against the trachea and æsophagus, with carotid artery, jugular vein and pneumogastric nerve overlaying it. With some little fear of cutting the carotid or innominata (having to tie the latter), or, perhaps worse, having my patient bleed to death in my office, I proceeded to enlarge the opening and introduced my forceps, gently lifting the arrow head from its resting place, the heel of it scraping over the arch of the aorta as it came out. Upon measurement it was found to be four and a quarter inches long, with a base three-fourths of an inch wide; rather an ugly missile to lie so long among the most delicate nerves, arteries and organs of a man's body. Mr. O. speedily regained his health, and lost his chance of a pension along with the arrow head.

Case 8. Reported by S. D. Mercer.—Result of a gun shot wound fracturing the crest of the right ilium and forming an artificial anus by ulceration of colon.

Joseph B., aged 24, strong and healthy, always lived a frontier life, and was free from that predisposition to tubercle so common among his fellow "half breeds." May 31st, 1868, he received a gunshot wound from an antagonist about ten paces in front, and a little to his right; ball entered about one inch behind the anterior superior spinous process of the right illium, fracturing crest, and probably lodged about the lower part of ascending colon. Patient reached Omaha July 3d, almost exhausted from a journey of eight hundred miles, by cars and stage, and the constant drain upon the system.

Prior to his arrival he had no treatment save the charms common among his tribe, but his father, an intelligent old Frenchman, was with him all the time, from whom the following facts were elicited. After the accident there was no movement of the bowels for ten days, when a small,

hard, fæcal mass passed, containing a spicula of bone. About the same time the external wound, which had previously closed, broke, and a large quantity of pus and fæcal matter passed through this new opening. After this, the bowels only moved occasionally, but the discharge from the wound was constant. On first examination the fractured parts of the bone were found loose, and near the external opening, but it was not deemed prudent to remove them until July 14th, when, by the assistance of Drs. McClelland and Baumer, chloroform was administered, the opening enlarged, and the loose bone removed; this gave room to a large and free exit of fæcal matter and a more thorough examination of the part; injections of water per rectum were partly returned, and partly passed out through the artificial anus.

By the use of a speculum and a strong sunlight, the mucous membrane of the colon could be seen, and at one time the ileo-cæcal valves were brought plainly to sight. The wound gradually healed by granulation, the discharge grew smaller, and the general health of the patient rapidly improved; the only unfavorable symptom was retention of urine, but this was overcome by use of the catheter. Patient left Omaha for the new reservation, near Fort Randall, Aug 14th, just one month after the operation.

I am informed that he is still improving, but there is a slight discharge from the artificial anus; the right leg, rendered nearly useless by fracture of the bone to which the muscles are attached, has partially regained strength and power of motion.

Transactions of the Indiana State Medical Society. 1870.

The present volume of Transactions contains several papers of intrinsic excellence. Geo. Sutton, M.D., of Aurora, Ind., the President, contributed an able and eloquent address on "Man's Power over Nature, and Medicines as means by which he aids and controls the Laws of Life."

Prof. Geo. W. Mears read a paper on the Treatment of Puerperal Hæmorrhage, which gave rise to considerable discussion. Dr. Mears: in *post partum* flooding, friction of the abdomen, grasping the fundus, and such pressure as will secure a response from within. If these do not succeed, ice water, or the cold douche to the abdomen. Or ice water intra-uterine injections, or introduction of a lump of ice, with or without a muslin cover. Or a lump of alum rubbed over the surface from which the placenta has been detached. Other astringent and styptic injections may be used, but he prefers the Persulphate of Iron, in the proportion of one ounce to eight ounces of distilled water, having first removed clots, debris, etc. Prof. Mears considers ergot indicated in these cases, but too slow in its action when given by the stomach, and suggests its use hypodermically, as recommended by Dr. Lente (he of calomel-in-sedative-doses fame.) Pressure over the descending aorta is advised in perilous cases.

Dr. G. V. Woollen, in the discussion which followed, detailed a case in which he gave Ergotine in aqueous solution, five grains in ten drops of water, by hypodermic injection inside of the thigh, with the result of very free contraction in seven minutes. He thinks it would act more promptly if more freely diluted.

Dr. Hibberd, of Richmond, has little faith in the Ergot—much in Opium.

Dr. Harvey, of Plainfield, confided, in an urgent case, in a grain of Opium, three grains of Sugar of Lead, and half a grain of Sulphate of Zinc. Considers stimulants essential—whisky in large quantities, together with aromatic Spirits of Ammonia. Thinks Ergot dangerous used hypodermically, from its forming a clot.

Dr. Rooker, of Castleton, advocated kneading the uterine region until the ball is felt, and then applying a tight bandage.

Dr. Wishard strongly encouraged the use of Opium.

Dr. Pennington, of Milton, believes that Quinine produces contraction of the uterine fibres, and expedites labor. He commences by giving from three to five or seven grains every three hours, and has "never missed getting up good contracting powers of the uterus." It is ahead of any other remedy he has ever used. In a threatening case gave whisky and five grains of quinine three times within two or three hours, with excellent results.

In the hæmorrhage of threatened abortion, Dr. Wishard uses the tampon, and Dr. Mears uses a sponge saturated with Tincture of Iron, as a direct application to the bleeding part.

E. Mendenhall, M.D., of Zionsville, follows with an essay on "The Utility of Ergot in Facilitating Labor," wherein he details the evidences, and urges the use of this very-often-doubted agent.

F. J. Van Vorhis, M.D., of Stockwell, in an essay: "Psychical Influence upon the Organization of Structures," enforces the importance of attention to mental influences in symptomatology, etiology and therapeutics. It is a philosophical glance at a subject which has been left too long to charlatans and sciolists.

H. V. Passage, M.D., of Peru, gives a history of a case of Reduction of Dislocated Hip, by Chloroform and manipulation, and R. E. Haughton, M.D., of Richmond, furnishes an essay on the Principles of the Flexion Method in the same difficulty. These papers we shall notice more in detail hereafter.

An elaborate and excellent monograph on the Pathology and Treatment of Syphilis, is given by the Secretary, G. Woollen, M.D., of Indianapolis, which deserves wider circulation than the volume of "Transactions" will secure. We would reproduce it *in extenso* did space permit. Dr. Woollen is a clear, concise and sensible writer, whose duty it evidently is to let his light shine through the medical journals.

Wilson Hobbs, M.D., of Carthage, chronicles, with illustrative plates, an interesting case of disease of the skull, requiring four operations for its successful removal—adding at least four years to the life of the patient. A remarkably large proportion of the calvarium was removed for what was apparently syphilitic degeneration of the bone.

A paper by C. E. Wright, M.D., of Indianapolis, on Purulent Aural Catarrh, a "Report on Board of Public Charities," and the inevitable report on "Medical Rank in the U. S. Navy," complete the list of published communications.

There seems to have been a very harmonious and profitable session, with a gratifying absence of discussion on points of order, the code, etc.

We congratulate our Indiana brethren on their achievement of a scientific organization and not a mere trades-union.

Reduction of Dislocations of the Hip. Principles of the Flexion Method. By R. E. HAUGHTON, M.D.

This is a paper published in the transactions of the Indiana State Medical Society, and is, in its scope, mainly a review of Prof. Bigelow's work on the Hip.

Dr. Haughton shows that the manipulation method of reduction was clearly recognized by Hippocrates; that it was advocated during the last century; and that flexion and rotation were intelligently combined by Despus, in 1835.

In regard to the influence of the ligamentous tissue on displacement in dislocations of the hip, and its affording an obstacle to efforts at reduction, Dr. Haughton says: "Prof. Bigelow has been anticipated." So far as the particular tissue of the ilio-femoral ligament is concerned, Dr. H. quotes from Dr. Fenner's report of an autopsy in a case where hip dislocation existed, made

in 1848, when that structure was "found tensely stretched," although Dr. Fenner failed to recognize the resistance which it exerted in efforts at reduction.

But Prof. Gunn's experiments and dissections, are quoted effectively to show that he had anticipated Prof. Bigelow in the influence exerted by the untorn portion of the ligament, as well as the fact that a portion of the ligament remained untorn. He quotes, also, from Prof. Moon, who repeated Prof. Gunn's experiments.

He also quotes Prof. Bigelow against himself when he admits that the "ilio-femoral ligament will *not* be found stripped clear of the remaining portion of the capsule." He further says: "the resistance is found in the ligamentous structures, mainly the capsular, which, for all purposes, includes the i'io-femoral."

But Dr. Haughton also recognizes a muscular force which he thinks aids the surgeon in his efforts to reduce by manipulation. This idea is expressed in the sixth and seventh conclusions to which he arrives, which are as follows:

"6th. That both the internal and external rotators of the hip joint are so arranged by origin and insertion, when properly directed in the flexion method, to bring the head of the bone back to this axis of motion, which passes through the acetabulum."

"7th. That the planes of the muscles, and through which they must act, are planes in all instances either parallel to the axis of motion of the hip and body, or at right angles to it."

Transactions of the State Medical Society of Pennsylvania. Twenty-first Annual Session. 1870. Sixth Series, Part I, Pp. 216.

From the address of welcome by Dr. J. A. Meigs, of Philadelphia, we cannot forbear to extract the following judicious remarks:

"It must never be forgotten that medical organizations in this country, and especially in this State, have no legal, but simply a moral power. The due appreciation of this fact is more than ever necessary now, since it is evident that in the medical profession the strongest obstacle to its thorough and efficient organization is the tendency to individualization which is manifestly growing stronger every day. This tendency, so clearly attributable to the large increase in individual liberty resulting from the

career of development through which civilization has for centuries been slowly advancing, is heightened by the too exclusive cultivation of specialties in medical science, and by the low standard in medical education, and the consequent introduction into the ranks of medicine of incompetent persons, who, conscious of their lack of skill, and pressed by the intense competition for business, resort to practices to insure pecuniary success which are completely subversive of all dignity in medicine as a liberal profession.

"It being apparently impossible to overcome the difficulties just indicated by mere legislative action on your part, it may well be asked whether much of the time spent in the discussion of the ethical relations of the profession would not be far better devoted to other, and, perhaps, after all, the greatest objects of your Society—objects which, in the second article of your constitution, are defined to be "the extension of the bounds of medical science and the promotion of all measures adapted to the relief of suffering, the improvement of the health, and the protection of the lives of the community." Under present circumstances, the elevation of professional character and the protection of your individual interests can only be accomplished by the practical recognition of the scientific requirements of medicine. So long as medicine continues to be purely empirical, so long will quackery continue to flourish. Not by exposing its criminal falsifications can you make quackery impossible, but rather by casting the strong light of science upon the doubtful and obscure places in medicine. Only under the influence of this light can the mercenary impostors who cajole the public, and make the practice of physic a mockery and a by word, be driven away as the mists of night before the coming dawn. In the cultivation of medical science lies your true and only strength. By cultivating science, you give to medicine exactitude; by giving to the healing art exactness, you place it upon an elevated platform; you isolate at once this goodly tree from the horde of pretenders who so long have carried on their nefarious schemes under the benign influence of its widely-spreading branches. You all know how surgery, resting upon the exact science of anatomy, and calling to its aid various accurate mechanical appliances, is now but little troubled with impostors. The "natural bone-setters" and other similar charlatans have long since disappeared from its domain. You also know how practical medicine, on the other hand, based as it is upon an experience which is so often fallacious, upon a physiology and pathology still very imperfect, and an organic chemistry in a state of great confusion, is still a prey to the rapacious cunning of every quack who boasts his infallible remedy for phthisis, rheumatism, and all those special ills which, in consequence of our ignorance of their essential nature, continue to resist all therapeutic effort. The problems of medical science awaiting solution are numerous.

The difficulty of their solution is equaled only by its importance. No more important object, indeed, can occupy your thoughts and time than the systematic attempt to clear up some at least of these questions; many of them can be investigated by the clinical methods peculiar to medicine; for the unraveling of others, aid must be sought in the methods and appliances of physical, chemical and natural science. There is ample room for the gratification of every taste, of every mental tendency. Look around you and behold with what extraordinary rapidity science is unfolding itself in a multiplicity of directions. To practical medicine the momentum of this active development has been imparted with happy results. By means of various ingenious scientific instruments, such as stethoscopes, laryngoscopes, ophthalmoscopes, otoscopes, endoscopes, microscopes, thermometers, manometers, the sphygmograph of Marey, the stetho-sphygmograph of Hawkins, different electrical machines, etc., the laws of sound, light, heat, electricity and mechanics have been practically employed, in not a few instances, with signal success, in elucidating the phenomena of disease. In consequence of this rapid advance in science, and the multiplication of scientific instruments, medicine is at present undergoing a remarkable change. While its data are daily becoming more and more exact, the theories or fundamental principles which constitute its framework, so to speak, are undergoing, like our social fabric, a complete revolution. To the reflecting mind it is evident that medicine is now passing through a chaotic phase in its onward career. The day of blind obedience to authority is at an end. No asserted fact, no theory however plausible, finds its way to acceptance on account of the great name attached to it, but, on the contrary, is immediately tried in the crucibles of experiment, observation and induction, by that earnest and enthusiastic band of laborers, who, whether in physics or biology, are seeking with busy hands to reconstruct the philosophy of medicine and place it upon a sure, scientific basis."

In another department of the present number will be found several practical scissorings from this interesting volume.

Transactions of the Medical Society of New Jersey, 1870. Pp. 214.

From this pamphlet we find room only for the following extracts. Dr. B. Rush Bateman, of Cumberland Co., reports:

"In one family we were present at five successive births, where each child was a hermaphrodite, partly composed of both sexes, especially the genital organs. In every case there was a penis and vagina, in two of which there was a sack on each side of the vagina externally, with a testicle in each. It was exceedingly

difficult to classify the sex in such cases. In one case in particular, were both sexes so well defined, that it was finally concluded to class it with the males; it was called Charles. As it grew older it was thought it would, by its instincts, develop its sex, by wanting a knife, a doll or needle, and so it did; for when a proper age arrived to choose its articles of amusement, it wanted a doll, needle and thread; its name was then changed to Charlotte. She is still living and healthy, thirty or more years old. Her features are coarse, voice more masculine than otherwise; but is smart and active, said to be remarkable for her sagacity at housewifery; does not mix with either sex to any extent.

"All of the five were healthy children, and lived to grow to maturity; in fact, all are now living but two. One was married, but he never had any issue."

Dr. Charles F. J. Lehlbach gives clinical observations on Scarlatina, with remarks. This is illustrative:

"Case IV.—Passing a neighborhood where I had been attending several cases of Scarlet Fever, I was called in to see a girl, aged 12 years, who had, so I was told, "caught a cold." Found her with some soreness of throat, fever, and a slight scarlet rash. Her little brother was then convalescent from a very mild attack of the disease. Pronounced the case Scarlet Fever. Prescribed, and ordered the child to remain in the house. Heard no more of the patient until, in the afternoon of May 27th, 1869—two weeks after I first saw her—I was called in great haste, as the child had spasms, and "would probably be dead before I could get there." Found her in a really alarming condition. Violent spasmodic contractions of upper and lower extremities, alternating with rigidity of the muscles, partial opisthotonos, foaming at the mouth, teeth tightly set, eyes vacantly staring, entirely unconscious, pupils somewhat dilated, reacting very feebly, breathing rapid and laborious, skin preternaturally hot.

"By a few rapid questions I learned that my injunctions to stay at home had only been followed for a few days. She had then resumed her attendance at school, although not feeling entirely well, until some days previously, when on returning from school, nearly a mile distant, she had been caught in a heavy storm and been thoroughly drenched. With the exception of a little fullness about the face, no anasarca. Urine had been scanty.

"*Diagnosis.*—Toxæmia, imperfect elimination of Scarlet Fever poison, probability of renal trouble, congestion and transient œdema of the brain, with serous apoplexy imminent.

"*Indications.*—Revulsives, nervous sedatives, reëstablish the function of the kidneys. Sent for mustard, ice, chloroform, and bromide of potassium.

"*Treatment.*—Mustard to feet and legs; crushed ice, wrapped in a towel, under the spine, ice to the head; rub chest and abdomen with ice; by mouth 30 drops of chloroform with a scruple of bromide of potassium, followed in half an hour by one drachm of chloroform, and one drachm of the bromide, suspended in milk, per anum. Then suspended the ice applications, wrapping the patient in woolen blankets. In the course of an hour and a half the spasms recurred at longer intervals, with less intensity; muscles relaxed; in two hours she was able to swallow well, and showed signs of returning consciousness. An hour later, perfectly conscious, with no sign of cerebral disturbance except total blindness, of which she complained. Left her, with directions to renew sinapisms and to take ten grains of bromide of potassium every three hours until natural sleep ensued, and to be called if there was a change for the worse. The next day I found her perfectly rational—exhausted—no fever—pulse a little frequent—blindness had continued nearly ten hours when sight reappeared—urine slightly albuminous. Ordered lime water and digitalis, quinia, and tr. ferri. Four days later, urine free, no trace of albumen. Continue tonics. Patient discharged."

Dr. T. F. Morris illustrates Puerperal Eclampsia by cases of which this is one:

"Mrs. P.—April 28, 1869, called to see Mrs. P., pregnant for the second time, expecting her confinement, at the latest, during the early part of May. Rather full habit; was complaining of cephalalgia, obscurity of vision, and general lassitude; extremities slightly œdematous; face somewhat puffy. She had taken a saline cathartic before sending for me; ordered it repeated. Requested her to keep for me the morning following, her urine, for examination. During the night she was seized with a convulsion, and being in attendance upon another case, my friend, Dr. Reeve, saw her. Had her cupped on temples and back of neck, which was being done when I arrived. Upon digital examination the os was found to be dilating and uterine effort quite regular. These spasms continued during the whole night and through the following morning, with no return of consciousness. Chloroform was used cautiously and carefully, to suspend these terrible convulsions, and did seem to moderate their violence very much. Elaterium was given, which produced free catharsis. Bromid. potass. was given by injection, ʒj. doses, every hour. Diaphoresis produced by wrapping hot bricks with wet cloths, and placing them about her person. Her labor terminated about 2 P. M., of the 29th. All convulsive movements ceased. She remained comatose during the following night, and with the morning hours reason again returned. She was still kept upon the bromide, ʒss. every three hours, until the following day, when

considerable dyspnœa manifesting itself, her lungs were examined, and pneumonia was found, to complicate her troubles. She was then put upon 10 grs. Iodide potass. every 2 hours for the next 48; her chest enveloped in an oiled silk jacket, and at the end of this time the dose of the Iodide was lessened to 10 grs. every 3 hours; and finally, after two days more had elapsed, Iodide was reduced to 5 grs. every 4 hours. She was freely stimulated, fed with ess. Bf., and after a hard struggle for life, convalesced. I omitted to state that her urine was largely albuminous, and continued to manifest this condition until convalesence was positively established."

Editorial.

A Whisper in Ascalon.

The Albany dailies are jubilant over the admission to a chair in their Medical College, of an avowed Homœopathist, who is not only a Professor, but the President of the Faculty. The *Evening Journal* of that city discourseth thus:

"It is, indeed, gratifying, to know that the barriers which have hitherto divided the two schools of medicine are being removed, and to see our college taking the initiatory step towards such a desirable achievement. We believe this is the only allopathic medical institution in this country that possesses views sufficiently liberal to allow any of the chairs to be filled by men who firmly and practically believe in the homœopathic doctrine. It is also pleasant to know that several of the trustees of the college are firm believers in homœopathy.

The *Sunday Morning Press* is less hopeful as to this sign of the times, and lucubrates:

"We remember some of the professors of this institution making vigorous war against homœopathy, and now we find these same men associated in the institution with a professor who is a homœopath. This astonishing inconsistency is reasonably explainable only on the theory that the Faculty believed when they secured the appointment of Prof. Harris, that it would encourage the patronage of the homœopaths.

"Our medical brethren seem to us to have a chronic disposition to do things in a way a little different from anybody else. Thus, while the clergy and the lawyers have no peculiar laws to govern their respective professions, but yet effectually call their members to account when they overstep the bounds of propriety, the medical profession, on the other hand, establish a long series of laws (their medical ethics) to guide the conduct of its members, apparently having little confidence in their good sense and discretion, and these laws they by no means observe. Thus, the medical profession,

unlike the other professions, has a vital law which plainly forbids advertising, and all doctors are supposed scrupulously to abstain from having their names appear in the public prints. But, in fact, the names of medical men are very frequently seen in the newspapers, as every one in this city will testify. Consistency is said to be a jewel, and we believe it to be so, as well in the medical profession as out of it. If the college is allopathic or if it is homœopathic, let it stick throughout to the principles which it professes."

We have seen no denial of this appointment as yet, by the members of the Albany Faculty, or any explanation of the circumstances which, unexplained, of course, put them beyond the pale of legitimate medical association. Now let them open their doors to women, give free tickets to one student from each congressional district, appoint a professor of Free Love and Spiritualism, and the eloquent faculty will no longer be obliged to face a beggarly account of empty benches—however void the heads of the occupants.

Fire-Proof Buildings.

Edwin May, Esq., of Indianapolis, is evidently on the borders of a "glorious summer," as he is engaged in the philanthropic work of developing an improved and cheap mode of rendering buildings fire-proof or non-combustible. The plan consists essentially in the use of iron lath, and also the use of sheet iron, with mortar on top, for a floor lining, which process also deadens sound, and bids defiance to rats. His method should be generally known, and thus one terrible outlet of human life be blockaded.

New Journal.

The Medical Times; a Semi-Monthly Journal of Medical and Surgical Science. Published on the 1st and 15th of each month, by J. Lippincott & Co., Philadelphia.

The initial No. bears date Oct. 1st, and promises fairly for the future, at $4 a year. The Prospectus announces a hundred or more regular contributors among the "first families" of the profession. We sincerely trust that the *promising* gentlemen will really contribute. But our own experience is that the promise is, in the majority of cases, the *vox et preterea nihil.* We suggest that the Messrs. Lippincott & Co. put down the names as "Associate Editors," and thus secure at least an article from each.

The matter is copy-righted, or we might be tempted to give our readers a few specimens of its contents. We are comforted by the reflection that a specimen copy may be obtained by enclosing 20 cents of postal currency to the enterprising publishers as above indicated.

It is to be noted that the *Reporter* still continues its issue.

Indian Medicine.

From a paper read before the *Orleans County* (Vt.) *Society of Natural Sciences*, by the Rev. T. E. Ranney, who was a missionary three years among the Pawnees, and among the Cherokees fourteen years, we extract the following:

"As to their knowledge of medicine they really have as little as of religion. We are invited to visit a lodge, where one is sick with a fever; we are white men and it is supposed, of course, by them that we can give medicine to cure the sick. But our inquiries are now to ascertain what they would do. We have seen many a handbill recommending various medicines, because it is said it was in use by the Indians, who are supposed by many to understand all medicine and to be able to heal all the sicknesses of the people. Nothing could be a greater evidence of quackery. I do not profess to know that all the tribes of Indians were as ignorant of these things as were the Pawnees, and yet I know nothing that would indicate that any knew more. If the knowledge which the Pawnees had acquired from the whites was taken away, there would be none left. Their medicine, like their religion, is but a bundle of superstition, consisting of charms and jugglery. They are easily imposed upon and made to believe in almost anything hidden and mysterious. They can be made to believe that a peculiar medicine is beneficial, as many in civilized life can; they do not, so far as I could learn, administer any medicine to affect the system. It is doubtful whether they know of anything that would act as a cathartic. For an emetic they seemed to know that tepid or warm water would promote vomiting, but it is doubtful whether they had not learned this from the whites. Some of them could at times produce vomiting by the use of a feather run down the throat. It was not known that the Pawnees ever drew blood intentionally as a remedy. Some of the neighboring tribes did, but it is probable they learned to do so from the whites. Indeed the Pawnees had learned that the whites sometimes did, and supposed it to be a panacea, and if they were ever ill when white men were about who would bleed, they were wont to resort to them with the request to be bled. I frequently saw the manner of cutting themselves practiced by two other tribes, the Omahas and Otoes, to produce blood. They

usually bleed somewhere about the head, and to do it shave the hair from the part, often on the temples, sometimes on the top of the head, and then take a large knife and hack the skin up in a horrid manner over a spot perhaps as large as a dollar, and then place over the wound so made the larger end of a cow's horn, and with the mouth and lungs exhaust the air at the other end so as to cause the blood to run, till they have accomplished their object and removed the seat of disease. It was thus these tribes practiced in removing fevers. But not so with the Pawnees. Their doctors would take a different course; they would puff and blow all over the patient with the mouth, in order to cool off the fever, and instead of dieting according to the rules of our physicians they would set before the patient all the tempting viands in their reach. Their philosophy is that while he can eat he will live, and if he does not eat his allowance he will die. Hence it seemed to be almost useless to give medicine to a Pawnee sick with a fever. If the fever is once broken, and the patient begins to recover, his appetite comes like an armed man, and it is useless to tell him he must not gratify that appetite. His maxim is, eat or die, and the *fact* generally is, in such a case, eat *and die.* Their eating is not such as is required to sustain a weakened frame, but such as a sickly appetite demands. Perhaps their practice in cases of fever is most erroneous, but we saw more of this because "chills and fevers" were first introduced among them when we were there. But they did not seem to understand the nature of any disease. They can perform no surgical operation with safety. In cases of accident they cannot take up an artery. Their diseases in their simple life are all of a simple kind, and they seem to have no complex diseases among them. Their practice at an *accouchment* is simply the rattling of a gourd, a child's rattle. I have lately seen a medicine advertised to cure the toothache, which was said to have come from these same Pawnees. A more contemptible imposition could not well be practiced, as they were never subject to any disease of the teeth. An anodyne for the toothache or a vermifuge obtained from them would be alike worthless, they having no use for either."

Case Book.

E. P. Stevens & Co., of this city, send us "Shaw's Register and Photographic Case Book," which fills a want we have long experienced. By its use a history of each case treated can be preserved in systematic order, and can be written up for publication or other use with great facility. The best memory will be insufficient to recall in every instance the details of diagnosis and treatment in cases presented perhaps months previously, and a

brief reference, which this book provides for, will freshen the whole at once. A portion of the book is prepared for use in preserving photographs of surgical affections, etc. It is of convenient size, and scarcely more expensive than the same amount of paper and binding for an ordinary account book. We notice the book not for the advantage of the publisher, of whom we know nothing, but in the hope that some of our readers will take the hint, make records of their cases, and then publish those worthy in the *Journal.*

Unhappy Diagnoses.

It is said that a somewhat noted specialist of this city, who has a trick of disparagement for all non-specialists, recently diagnosed a sero-cystic tumor of the breast as cancer, and attempted its removal as such. In another case, he made an exploratory abdominal incision, *plunged a trochar into a tumor which yielded blood only*, and then by the large incision attempted to remove the tumor which was agglutinated in every part by cancerous deposit to the large and small intestines, etc., etc. *He* recovered.

Yet this man ventures to insult the family physicians of parties who apply to him for examination. It is hoped a glimpse of the rods in pickle for him, will teach him better manners, or, at least, discretion. *Verb. sap.*

The Western Monthly, for November, 1870.

CONTENTS: William Cullen Bryant, by James Grant Wilson; Did He Dream It? by Josephine Clifford; the Indian Territory, by Milton W. Reynolds; Public Opinion in Politics, by D. H. Wheeler; Sentenced and Shot, by R. S. Sheppard; Indian Summer, by B. Hathaway; New Constitution of Illinois; Caving In, by H. R. Haines; A Ride through Kauai, by J. T. Meagher; A Western Journalist, by L. D. Ingersoll; Mirage, by Edgar Fawcett; Of Books—their Makers and Readers; by Henry Boss; Who was Souvreigne? by L. A. Roberts; Reviews of Books; Chit Chat. The Lakeside Publishing Company, Publishers, Chicago, Ill.

We are happy to chronicle the reappearance of this valuable and popular Magazine. Its October forms were destroyed in the great fire of September last, but it has arisen from the ashes improved and strengthened. It is now among the best of the literary monthlies, and well worthy of the patronage of Western readers.

The Prescription Record.

S. W. Butler, M.D., editor of the *Reporter*, at Philadelphia, sends us a little volume adapted for brief record of the date, symptoms in each case prescribed for—a prescription blank, and blank for its duplicate on each leaf. There are about 400 leaves. It is a very convenient arrangement for rapid record of cases, and it should be on the table of every physician's office, and is not too large to be carried in the pocket. The prescription blanks are punched around so that each when written on it can be easily torn out. Price $1.00. Address, as above, 117 S. Seventh street, Philadelphia.

Rush Medical College.

The opening exercises of this institution took place Wednesday evening, the 28th of September. The introductory lecture to the course was given by D. A. Morse, M.D., Lecturer on Legal Medicine and Insanity. The annual course of lectures is now in successful progress before a large and intelligent class.

Who ?

A correspondent wishes to know who punched a sound through the walls of a Fond du Lac man's bladder, recently, whilst searching for calculus. All we know about it is, that "somebody blundered," and the man died.

[The following was received too late for insertion in the usual place. ED.]

Cook Co. Hospital. Reported by C. T. FENN, M.D.

Clinics are conducted in the Cook County Hospital with wonted regularity and interest. The following are notes of exercises in the service of Professors Ross, Powell, Johnson, and others of the attending staff:

Oct. 2. *Medical.* Ross. CASE I. Albuminuria.—The presence of albumen in the urine tells us that we have a disease of the kidneys: congestion, or inflammation, or degeneration. There is failure of secretion of water and of elimination of urea. Hence

we have dropsy and poisoning of the blood. *Treatment*—1. Subdue inflammation. 2. Overcome dropsy. 3. Eliminate urea. Apply fomentations to the back, sometimes cupping, if the inflammation be acute. Keep the patient quiet and warmly covered in bed; give him bland diet. Excite free diaphoretic action; the best method is by the hot air bath; a gallon of water may thus be obtained at once. You may eliminate water by the bowels. I would not use elaterium. One of the best means is bitartrate of potash, combined with a little jalap. This seems also to have a mild effect on the kidneys as a diuretic. Such use of medicine is opposed by the testimony of many high names, still, we favor it. This also affords elimination of urea.

Case II. A blacksmith, two weeks ago, taken down with a chill and pain in the joints. On admission he had the appearance of typhoid fever, but there was no diarrhœa or tympanitis. He had high fever and a dry tongue. A large amount of effusion existed in the left wrist, and crepitus. The right knee has now a large amount of effusion. The diagnosis is obscured. It will not do to treat it as rheumatism or gout; but, in rheumatic gout, we may have a state of things analogous to this. *Treatment*—Quinine, in two grain doses, three or four times daily, with wine and Opium at night.

Case III. Fever. Admitted Oct. 10. For several days previously he had complained of headache, loss of appetite, and chills. He then took his bed. On admission, the symptoms were those of typhoid, viz.: febrile disturbance, diarrhœa, tympanitis, and gurgling in right iliac fossa. Stools the color of pea-soup—characteristic. [Stools exhibited.] *Treatment* — Hydrochoric acid, twenty drops, every two hours; and, to control diarrhœa, turpentine emulsion. Sponge the body with cool water daily. Give beef-tea and milk—a pint of beef-tea and two pints of milk daily.

Case IV. Fever. Like the above.

Surgical. Powell. Case I. Results in fracture of the thigh. 1. Stiffness of the knee. Every limb is useless for a long time after the union of bone. 2. Shortening. If you get an inch of shortening you have a good result. As a rule in the hospital, we get from one-fourth to one-half an inch shortening. Measure

from the anterior superior spinous process of the ilium. We may be so fortunate as to get none. 3. Length of time dressings should remain. Keep them on ten weeks, as a rule. Dressings must be as simple as possible. A weight and pulley for fractures of the femur, and a couple of bags of bran to keep the leg steady. There is one objection only to the weight and pulley; it may be the knee is left a little stiffer by their use. As a rule, don't think your patient will be able to walk, or work with ease, under six months. 4. Callus. As a rule, if you find that a large amount of bone has formed around the end of a fragment, you may know the bones have not been kept still.

Case II. Colles's fracture. The most frequent form of fracture. A woman, washing windows, fell from the second story to the ground. To detect deformity, run the eye over the case. Charges of malpractice are most frequent in this form of injury. It is safe to say that the movements of the wrist will always be impaired. There will be a peculiar deformity. The diagnosis cannot be mistaken. Remember that you can hardly ever have a fracture of the lower end of the ulna. *Treatment*—Don't put a bandage next the skin. Never use a soft splint, as pasteboard. No evaporating lotions. You should have some pieces of board. Fit two to the well arm. They should not extend to the fingers. They should be a little wider than the arm. Pad them with sheet batting. In country practice, an old sheet is best, six or eight thicknesses. You may correct deformity by a compress. Then take hold, and make extension and counter-extension. Take off splint in six weeks, not sooner. A pistol splint does no good. But, with a bad result, the old authorities might be cited to prove that you had not done all. See your case every three or four days. Look at the arm after the second day, to see that the bones are coapted. Afterward, avoid too frequent handling, for fear of delayed union.

Case III. Woman. Result of a fracture of this kind, five weeks standing. It ought to be united. Sometimes you hear of dislocation of the radius outward; there is no such thing; but the appearance is due to a little shortening. Here there is no provisional callus, because the bones have been kept still. She will complain of tenderness and stiff fingers. This case seems perfectly

united. You may remove the splint and rub the joints with some stimulating liniment. I advise you to make your own splints. With adhesive plaster, an old splint or a board, you may treat any conceivable fracture. A patent splint will not fit many different cases. Keep patent splints in your front office, if you please; they are for ornament merely.

CASE IV. Woman, with hand bitten by a man. The bite on her finger was followed by erysipelas, very painful, and resulting in an ulcer which may go down to the tendons, on the back of the hand. Object to be attained: relief of pain. Give Opium and Quinine. The effect of Opium, as an anodyne, is different when rubbed up with Quinine. I do not, ordinarily, believe in poultices; but the best thing here would be a poultice, to hasten a separation of the slough.

CASE V. Man, slightly wounded on the joint of a finger six weeks ago. The whole hand and arm has been immensely swollen. Erysipelas may attack every tissue and destroy it here, it has caused entire destruction of the metacarpal bone of the thumb. Do not treat it as though it were an ordinary inflammation. (Ladies retire.)

CASE VI. Shown to illustrate the ill effects of a long prepuce. Nature never intended that the prepuce should lie over the glans. A long prepuce is a nuisance, morally and surgically. The Jews never have cancer of the penis. Do not confound this balanitic inflammation from acrid discharges from impure women, with chancre or chancroid. Be careful that urine is not retained. If it is so, slit. Use carbolized water; no mercury, no medicine of any kind, but we may use evaporating lotions. Be especially careful in the diagnosis of all venereal diseases before commencing the use of mercury. But when disease makes its appearance from three to six months after an exposure, you may begin to use the protiodide in one-half grain doses three times daily. Continue it till all symptoms disappear. But the patient is not then well. He may have a second attack: treat in the same way. If a third attack, use Iodide or Bromide of Potassium. If you begin in every suspected case, you may induce the symptoms by mercury in their worst form, viz., sore mouth, falling of the hair—in a word, all that is most dreaded in syphilis.

CASE VII. Result, in cure of hydrocele of the cord, by injection. No change from normal condition to be seen. Do not cut these cases.

CASE VIII. Child. Hip joint disease. Wearing Sayer's splint. Object: to take weight of body off the joint.

Loot.

Wm. H. Bradley, M.D., in the Pennsylvania Transactions, 1870, recommends in *Scarlatina* for the general and aphthous condition:

℞. Sodæ Sulphitis, - - - - - - - - - ℥ ss;
Sp. Ether. Nitr., - - - - - - - - - ℥ ij;
Syr. Gaultheriæ, - - - - - - - - - ℥ vj;
Aq., - - - - - - - - - - - ℥ ss;
M. S. A dram every three hours.

Conjoined with this, as an expectorant and anti-spasmodic:

℞. Syr. Prun. Virgin., - - - - - - - - ℥i ;ij
Syr. Scillæ, - - - - - - - - - ℥ j;
Ext. Belladon. Fl., - - - - - - - - gtt. xxiv;
Ext. Verat. Virid. Fl., - - - - - - gtt. xxxvj;
Tr. Lobeliæ, - - - - - - - - - ℥ ij;
M. S. A teaspoonful every three or four hours.

When the aphthous condition abated, in about a week, he prescribed as an alterative and tonic:

℞. Tinct. Ferri. Chlor., - - - - - - - - ℥j;
Potassæ Chlorat., - - - - - - - - - ℥ ij;
Syr. Gaultheriæ, - - - - - - - - - ℥ iij;
M. S. A dram three times a day.

The same gentleman observes (*op. citat.*, p. 99):

"The treatment I have adopted the past two years in fevers of the remittent, typhus, malarial, and typhoid types, has been with the sulphite of soda and quinine. At the outset, I usually give an alterative and cathartic dose, composed of—

℞. Mass. Hydrarg., - - - - - - - - - gr. x;
Ipecac. Pulv., - - - - - - - - - - gr. ss;
Quiniæ Sulph., - - - - - - - - - gr. ij;
M. Ft. mass in pil. iij.
To an adult at night, followed in the morning, or in six or eight hours, by a gentle aperient.

"I then prescribe the sulphite as follows:

℞. Sodæ Sulphitis, - - - - - - - - - ℥ ij;
Ipecac. Pulv., - - - - - - - - - - gr. vj;
Quiniæ Sulph., - - - - - - - - - gr. xij;
M. Divide into twelve powders; one powder every three hours.

"Conjointly with this, as a refrigerant diaphoretic, either of the following:

℞. Liq. Ammoniæ Acetatis, - - - - - - f ℥ vj;
Spts. Æther. Nit., - - - - - - - - f ℥ ss;
M. f ℥ ss. every three hours.

Or—

℞. Acid. Citric., - ℥ iij;
Aquæ, - - f ℥ iv;

℞. Potas. Carb., - ℥ ij, ℈ij;
Spts. Æther. Nit., f ℥ ss;
Aquæ, - - f ℥ iijss;

M. One tablespoonful every three hours in a state of effervescence alternately with the powders.

"In remittents, giving the powders during the remission every hour or two, and either of the above solutions, during the paroxysm of fever, I generally succeed in breaking up the paroxysm in a week or ten days. Since adopting the above treatment, I have not had a case of enteric fever continue over four weeks, and have in nearly every instance witnessed the controling influence of the remedy over the disease. In cases of great cerebral exaltation, I usually increase the amount of ipecac. in the powders, sufficient to produce slight nausea, and in great depression of the nervous centres, the amount of quinine, and if conjoined with symptoms of great debility, as is often the case, add strongly concentrated animal food, milk, beef essence, etc. In cases of great wakefulness, with delirium attendant upon adynamic conditions, as evinced in the widely dilated pupils and other correlative symptoms, I always give opiates either by the mouth, or hypodermically, either with the syringe or upon blistered surfaces. In cases of great tenderness in the iliac region, with great tympanitis, I prescribe sinapisms freely, and afterward cover the part with a broad flannel bandage, but I have seldom seen annoying tympanitis in this disease since using the sulphite of soda, and in only two instances the past year have I prescribed the ol. terebinth., the condition indicating its use not being developed in the other cases.

"The rationale of the above treatment of typhoid fever, so far

as the sulphite of soda is concerned, I am not prepared to expatiate upon; but in my opinion (and I have experimented faithfully and impartially with the remedy), it seems to have a marked effect upon the 'materies morbi.' How it would act in epidemic typhoid, I have had no opportunity of testing, but my confidence in it as a remedial agent would induce me to give it an impartial trial should opportunity present."

Dr. John L. Atlee, of Lancaster (Pennsylvania Transactions, 1870,) gives this account of his experience with a criminal who had taken poison:

"Upon entering the room I found the patient in bed, lying upon his back, his countenance flushed, and with a stern and almost demoniac expression; his pulse natural, skin moist, and his intellectual faculties perfect. Dr. Baker informed me that he suspected poison, and had endeavored to administer emetics; but that the patient had obstinately refused all medical assistance. While receiving this information a violent spasm seized the patient, which I observed was of a decidedly tetanic character, similar to those previously observed, and which affected all the voluntary muscles. I told the doctor that I was satisfied the patient had taken strychnia. He had frequently declared before his trial, that, if convicted, he would never suffer imprisonment.

"Finding the patient obstinately bent on self-destruction, the use of the stomach-pump was suggested, and Dr. B. went to procure it. In his absence I used all my endeavors to induce the patient to take the emetic, without avail, and while pressing the cup to his lips, I discovered that his jaws were firmly closed, that he had a full set of teeth, and that it would be impossible, in a man of his muscular strength and determination, to use the stomach pump. It then occurred to me that by the use of chloroform a double object could be gained—a subjection of the patient, and a relief from the spasms. I went next door to the druggist, where I found Dr. B. preparing the stomach-pump, procured two ounces of chloroform, and with him returned to the patient, whom I had left in the care of a student.

"While at the druggist's, I ascertained that at the April term of the court, when he had expected the trial to come on, the patient had purchased there 20 grains of strychnia. This confirmed suspicion as to the cause of the symptoms, and showed the evident bent of his mind. On our return we found the spasms increased in force and frequency.

"By means of a folded napkin the chloroform was applied to the mouth and nostrils; but no sooner was it done than he grasped the napkin violently with his right hand, tore it away, and openly defied me to administer remedies to him. I then

appealed to the gentlemen attending court, who by this time nearly filled the room, to assist us in holding down the patient, and by this means—having two persons to each arm and leg, and having the head firmly held, I was enabled to use the anæsthetic. In a few moments it produced its effect; his whole muscular system became relaxed; and he remained for ten or fifteen minutes perfectly quiescent. As soon as he was restored to consciousness, we found that a total change, mental, moral, and physical, had taken place. The spasms had left him, the expression of his countenance was calm and comparatively pleasant, and he was perfectly obedient to every request made of him. He took the emetic without difficulty, and we soon had the satisfaction of seeing his stomach thoroughly evacuated. He had partaken of a portion of his dinner before swallowing the strychnia, which probably prevented a more rapid absorption of it. At this time, about 3 o'clock P. M., I had to leave him, for three hours, under the care of Dr. B., with the understanding that he would re-administer the chloroform, should there be a recurrence of the spasms. At 6 o'clock P. M. I found the patient apparently well; there had been no spasms; his mind was calm, his temper placid, and he complained of nothing but weakness. He had a good night, and the next morning, although suffering from muscular debility, and some unsteadiness in his gait, he was brought before the court, and sentenced to confinement in the Eastern Penitentiary, where, a few weeks afterwards, he committed suicide, by hanging, in his cell."

C. Hasbrouck, M.D., (Transactions New Jersey, 1870,) after the interruption of the paroxysms in malarious fevers, relies upon the following as a tonic pill:

℞. Acid. Arseniosi, - - - - - - - - - gr. 1-20;
Ferri Redact., - - - - - - - - - - gr. j;
Quiniæ Sulph., - - - - - - - - - gr. j;
Mucil. Acac., - - - - - - - - - q. s.;
M. S. One such to be taken two or three times a day, for some time.

The same gentleman commends, for the relief of the severe pain accompanying Herpes Zoster, and also for the purpose of hastening the cure, the application of collodion once or twice a day, so as to keep up its compressing action on the skin.

Dr. C. H. Voorhees (New Jersey Transactions, 1870,) prescribed, associated with appropriate hygienic measures, the following, with success in a stubborn case of epileptiform seizures:

℞. Potassii Iodid., - - - - - - - - - ℥ j;
Potassii Bromid., - - - - - - - - - ℥ j;
Ammon. Bromid., - - - - - - - - ℥ ijss;
Potass. Bicarb., - - - - - - - - - ℈ ij;
Infus. Calumb., - - - - - - - - - ℥ vj;

M. S. A teaspoonful before each of the three meals, and three at bedtime.

Dr. A. P. Dutcher commends in the vomiting concurrent with the evacuation of a large cavity in phthisis:

℞. Acid. Carbolic, - - - - - - - - - gr. iv;
Glycerin, Tinct. Cinnamomi, - - - - aa ℥ j;

M. S. A teaspoonful every four hours.

Here are a couple of old formulæ whose uses are suggested by their combination.

J. G. Nichol gives this:

℞. Pulv. Opi., - - - - - - - - - - ℥ j;
Acid Hydrochlor., - - - - - - - - ℥ j;
Aq. Destill., - - - - - - - - - - ℥ xix;

M. Shake daily and digest 14 days. Strain and filter.

Dose.—Twenty to forty drops.

℞. Gum Camphoræ, - - - - - - - - - ℥ iij;
Chloroform, - - - - - - - - - - ℥ j;

M. Ft Solut.

Rub this up with the yolk of a fresh egg, and add water q. s. for four ounce mixture. Each teaspoonful contains 5½ grains of camphor and 2 minims of chloroform. When kept long it requires to be well shaken again.

Malarial Poisoning.

From the *American Practitioner* we extract the following sensible observations:

"We are aware that it is contrary to the received opinion on the subject, but our experience has led us irresistibly to the conclusion, that the intercurrent congestions, irritations, and even inflammations which occur in marsh fevers should not be regarded as contraindications to the use of quinia.

"There is a peculiar cachexia produced by malarial poisoning, which commonly presents itself in subjects who have had repeated attacks of malarial fever, but may occur in those who, while exposed to the poison, have escaped the development of any febrile

phenomena. The most prominent symptom of this condition is a peculiar anæmia. The patient becomes pale, bloodless, with an icterode hue of the skin. Accompanying this condition, and often preceding it, is an enlargement of the spleen, which is sometimes tender on pressure, and almost always the seat of a vague, uneasy feeling, amounting, in some cases, to actual pain. In the advanced stages of this affection, œdema of the lower extremities nearly always appears, or there may be general anasarca, with ascites. In the treatment of this condition, removal from the malarial to a healthy locality is of the first importance. This, with chalybeate tonics, is usually sufficient for cure. Where, however, this cannot be done, iron, quinia and the regular and systematic exhibition of aperients are required. The following combination we have found most efficient in such cases:

℞. Sulphate of Iron, Sulphate of Quinia, - - aa ʒ j.
Sulph. of Strychnia, - - - - - - - - gr. j.
Socotr. Aloes, - - - - - - - - - ℈ j.
Mix. Make into thirty pills, one of which should be taken three times a day.

"We have seldom found it necessary to use any other remedy in malarial cachexia, whether attended or not by dropsical effusions. The iron and quinia seldom fail in these cases to reduce the enlarged spleen, in a few weeks, to its normal size. We have seldom found it necessary, in these cases, to resort to hydragogue-cathartics or diuretics. The iron and quinia, with aperients, seem to fulfill every indication of treatment in these cases. Citrate of iron and quinia has often yielded equally good results. The ferro-cyanuret of iron, which stands high in the estimation of some physicians in chronic malarial poisoning, is in our opinion inferior to either of the preceding. We have used in some obstinate cases, especially those attended by frequent relapses of intermittent fever, in alternation with the iron and quinia, a combination of quinia and arsenic, according to the following prescription, with very salutary effects:

℞. Quinia Sulph., - - - - - - - - - ʒ j.
Liq. Potassæ Arsenitis, - - - - - - - ʒ iij.
Acid Sulph. aromat., - - - - - - - - ʒ j.
Tr. Rhei, Syrp. Zinziber, - - - - - - aa ʒ ij.
M. Signa. A teaspoonful three times a day after meals.

"We have purposely abstained from alluding to many of the long list of antiperiodics, so called, for the reason that in our hands a large number of them have proved themselves useless in the marsh fevers which are met with in practice, and because we have, in our opinion, a genuine specific for them in the sulphate of quinine."

Iodide of Potassium in Syphilis.

Concerning the use of iodide of potassium in syphilitic skin diseases, Dr. McCall Anderson lays down the following rules:

1. The longer the interval which has elapsed between the contraction of the syphilitic taint and the development of the eruption, the more likely it is to be of service.

2. If the patient is cachectic, it is, as a rule, to be preferred to mercury, except in recent cases of syphilis, when the mercurial vapor bath, or some such treatment, is more likely to prove successful.

3. The more extensive the tertiary eruption, the more certain it is to yield to iodide of potassium; although to this rule there are numerous exceptions.

4. If there is any tendency to syphilitic disease of the nostrils or neighboring parts, iodide of potassium should be withheld, or given with great caution, for, if it produces coryza, it is very apt to aggravate the morbid conditions of the parts.

5. It should be given in full doses.

In explanation of the last rule, Dr. Anderson states that he considers ten grains as the proper dose in the majority of instances, while sometimes as much as thirty or forty, thrice daily, may be requisite. As a typical prescription he gives:

Ferri Ammonio-citratis, - - - - - - - -	℥ iij;
Potassii Iodidii, - - - - - - - - -	ʒ i;
Syrupi Zinziberis, - - - - - - - - -	℥ vj;
Infus. Gentian Co., - - - - - - - -	℥ viij;
Aquæ, Ad., - - - - - - - - - -	℥ xxjv;

A tablespoonful in a large wineglassful of water thrice daily. —*Med. Gazette.*

Ice in Aneurism.

The *Medical Times and Gazette* records a case of successful treatment of aneurism of innominate artery, by application of ice bags. The patient was a man aged about 35. First noticed a swelling in the right side of the root of the neck, which increased very rapidly, so that in three weeks he was nearly suffocated by it, with excessive pain about the shoulder and behind the ears. The tumor was about the size of an orange, thin walled, with violent pulsations.

The man was at once put to bed and kept at perfect rest. A bladder of ice was applied over the aneurism, and this treatment has been kept up constantly since. For a while perfect rest was maintained, but free meat diet was permitted from the first, and the aneurism made marvellous progress towards recovery. There is no obvious prominence, and although one still detects a considerably extended area of impulse, yet this is quite quiet, and manipulation gives no pain.—*Ohio Reporter.*

Arsenic Hypodermically.

Dr. Lipp, of Graz, mentions six cases of psoriasis treated by hypodermic injections of arsenic acid. He has two solutions—one of three and the other of six grains of arsenic acid to one ounce of water, and injects from one-twenty-fifth to one-fifth of a grain of the acid daily. He had obtained successful results in three cases after having used respectively seven, three and one-half, and three grains of the acid. This method seems to present several advantages: in not deranging the digestive organs; in the smaller dose; and in the quicker cure. There occurred, in several cases, augmentation of thirst, with increased amount of urine, diminution of appetite, acceleration of the pulse, headache, vertigo, when the large doses were employed.—*Archiv. Dermat. und Syphilis.*

There has just been found at Paris a singular society that numbers already more than a hundred members. The members, by a formal clause in their wills, declare that they do not wish to be interred after their death; on the contrary, they direct that their bodies shall be given to the amphitheatres to be dissected. They form this resolution for the purpose of contributing as much as possible to the progress of that important science, without which a profound study of the art of healing is impossible. They expect, moreover, to help to do away with the prejudice against the dissection of bodies.—*Revue Therapeutique.*

Dr. Guyot gives from 30 to 60 grains of phosphate of lime in profuse perspiration, and especially in the night sweats incident upon phthisis pulmonalis. He mixes the phosphate with loaf sugar, and requires the patient to take a pinch of the powder frequently through the day.—*Ibid.*

Protracted Gestation.

Dr. L. L. Bedell reports (Leavenworth Medical Herald, August, 1870) having delivered a woman in her sixth pregnancy, June 12, 1870, 10 o'clock A. M., of a healthy female child, weighing nine pounds. After the delivery the mother informed him that her catamenia had ceased July 25, 1869, and that she had expected to be confined about the 1st of May, 1870; that in her previous gestations she had been able to calculate pretty accurately the period of her confinement. If this statement be correct, that her last menstruation ceased July 25, 1869, 10 months and 18 days elapsed before her delivery, or 322 days, and if we deduct 10 days after the disappearance of her menstrual flow, we will still have a period of gestation of 312 days.

Removal of the Whole Larynx.

In cases of malignant new growths in the larynx, which are beyond the possibility of extirpation, the question as to the removal of the whole larynx may be raised. This has recently been done by Dr. V. Czerny of Vienna, who has approached this question experimentally, and shows that in dogs the operation can be performed without great difficulty, and that the loss of the larynx is not necessarily fatal to them. Even if the epiglottis have been included in the removal, the dog can swallow his food. The respiration is carried on through a cannula. Dr. Czerny further experimented on the possibility of artificially supplying a dog in this condition with the means of phonation, and succeeded in this by adding to the upper part of the cannula a piece with metallic tongs. Every surgeon will agree with the conclusion of Dr. Czerny's interesting paper, that only the dreadful and hitherto hopeless state of patients with malignant laryngeal growths can justify the proposal of such an operation.—*Brit. Med. Jour.*

Obituary.

CHARLES H. RAY, M.D., Editor-in-chief of the Chicago *Evening Post*, died in this city, Sept. 23. Dr. Ray was born in Norwich, Chenango Co., N. Y., March 12, 1821, and removed to the West in 1843, commencing the practice of medicine at Muscatine, Iowa, but subsequently settling in Tazewell Co., Ill., where he pursued the practice of his profession successfully for several years. In 1851, he removed to Galena, and, somewhat accidentally, was induced to enter the editorial profession. In 1855 he became connected with the *Chicago Tribune*, with which he remained identified until Nov., 1863, when he sought other pursuits, but these not proving pecuniarily successful, in 1867 he returned to the editorial profession as Editor-in-chief of the *Evening Post*, which position he occupied at the time of his death. In January last, he was prostrated by "brain fever," but after some months he recovered so far as to resume his editorial duties. The immediate sickness which resulted in his death, commenced on Tuesday with fatal termination the ensuing Friday. *Post mortem* examination showed, however, that the previous attack had left permanent lesions, which, if known, would have precluded hope of recovery, although total cessation of mental labor might have prolonged his life. But it is difficult to imagine a brain, as active as was his, ever abstaining from work.

Had Dr. Ray continued in the practice of his profession, and employed, as he would have done, his extraordinary powers of mind in its scientific development, he would have easily grasped the highest honors it has to offer. Always, however, he was alive to every advance, and cheered the steps of progress. A writer in the *Tribune*, with which he was so long connected, and who knew him well, so adequately expresses our own ideas that we are glad to use the language which he furnishes to our hand:

"In our professional association with him, which has extended over many years, we learned to prize him as a man, and to hold him dear as a friend. He was not one, perhaps, to attract numerous friendships, for he was brusque and impetuous in his manner, and specially impatient of annoyance. But those who knew him best, knew how genial he was at heart, how strong his affections were, and how almost faultless he was in critical taste. He was intense in his likes and dislikes. He was bitter against an enemy, but he could not do too much for a friend. We have seen him fairly crush insincerity with an explosion of his wrath, and then turn and relieve the wants of a traveling beggar, and give him kindly advice. He was the best friend a young man commencing newspaper life could have, for the reason that he was chary of praise and never slow at pointing out faults and suggesting the remedy. Perhaps the most striking feature of his character was his hatred of cant and sham. He recognized a hypocrite instinctively, and he never stopped to select choice or elegant phrases in exposing him. We cannot remember a man so plain-spoken in denunciation of humbug or hypocrisy. He hit it with all his might, and his might was immense. And yet, this Samson was full of humanity, kindly courtesy, and noble, hearty manliness. With all his multifarious duties, private and public, which were often very perplexing, he found time to devote much attention to literature and art, and in these directions his taste was fastidious, and his manner quick and resolved. He was as impatient of sham in a book, in a painting, or in the music room, as he was of sham in life, and his criticism was almost always just, even though it was excoriating. The class of men who cannot be politic enough to compromise with hypocrisy is so scarce that it is refreshing to recall this trait in Dr. Ray's character. It made enemies, of course, but that was of little account to him. The man who has no enemies must be all things to all men. He was a hard worker, and, in his prime, was capable of an immense amount of labor, for he was physically very strong. Few men in the journalistic profession, indeed, have combined such power to labor, such keen perceptions, such a nervous, trenchant style, and such manly and vigorous grappling with private and public evils.

Just such men as Dr. Ray was, are needed in the medical profession, and we would hold up the traits of character which characterized and ennobled our deceased friend to the emulation of all young men who link their future with its destinies.

New York State Inebriate Asylum.

The following announcement is respectfully submitted to the consideration of the medical profession, and to the public in general:

It is believed that the experience of the past five years has demonstrated not only the utility but the necessity of the institution known as the New York State Inebriate Asylum. We speak advisedly when we affirm that at no time has its prospects for usefulness been more promising, or has it been in so good a condition, so far as the treatment of patients is concerned, as it is now. We have sought to make it what it was originally intended to be, a reformatory christian home.

There are very many persons in our State and throughout the country, the victims of a terrible mania for drink, who need the salutary treatment which this Institution affords, and who, without such aid, must in all human probability perish. We, therefore, disclaiming every object except an earnest desire to aid in restoring to their friends and to society a class of men fallen indeed, but not beyond recovery, would earnestly commend this Institution as an efficient means for securing an end so important and inestimable.

We deem it proper to state, that ample means are provided to meet the physical, intellectual and religious wants of the patients. The Asylum occupies a remarkably healthful and beautiful site. It is furnished with baths, and a great variety of amusements; with a good library and reading room, which is supplied with the leading daily newspapers and the American and British magazines.

The rules of the Institution require *regularity* in regard to meals—the hours of retiring and rising—and the attendance on the religious exercises of the establishment.

The Asylum has been placed under the charge of Dr. Daniel G. Dodge, a man of superior administrative qualifications, and toward whom there is but one sentiment prevailing with the officers of the Institution and among the patients, that of profound respect for him as a christian gentleman, and confidence in him as a skillful physician.

Binghampton, N. Y., Oct. 1, 1870.

WILLARD PARKER, M.D.,
New York, N. Y.,
President Board Trustees.

REV. SAMUEL W. BUSH, *Register.*

To Soldiers and Sailors of Illinois who lost limbs in the late war.

At a meeting of the Illinois State Republican Association, held September 6, 1870, in Liberty Hall, Washington, D. C., the following resolutions were adopted:

Resolved, That a committee of three be appointed, of which the Corresponding Secretary shall be a member, to draft a circular letter, and forward it to the different newspapers in Illinois for publication, tendering to every soldier or sailor in the State who has lost a leg or an arm, the assistance of this association to enable them to take advantage, free of all expense to themselves, of the late act of Congress giving them artificial limbs, or a commutation in money instead.

Resolved, That this committee be constituted a permanent committee, and it shall be their duty to report to the association from time to time upon their action.

The President appointed, as said committee, A. B. Wicker, J. M. McNeill, Junius Simons.

The Committee, in carrying out the objects of the resolutions, would say to all those for whose benefit the action was taken, that Congress, in the exercise of its beneficence toward that class of our fellow-citizens, intended that they should have the benefit of the act free of any expense, and so framed the law that the intervention of attorneys and claim agents would not be necessary to the adjustment of the claims.

Applications should be made by officers of the Army and soldiers direct to the Surgeon-General, from whose office the necessary blanks will be furnished on request. Officers of the Navy and seamen should apply for blanks to the Chief of the Bureau of Medicine and Surgery, Navy Department, Washington.

Any further information desired or assistance wanted in the procurement of the artificial limbs or commutation in money, provided by the act, can be had by addressing any one of the committee at Washington, D. C.